

Lafayette PTA Supplies and Field Trip

TEACHERS

Please keep a copy of all receipts for your own records and attach and itemize the original receipts on this form. Please submit your requests no later than one month from purchase date.

Thank you so much for using this form to expedite the process. We'll do our best to process your request as quickly as possible. If you have any questions at all, please contact me, Veronica Mata, vromomata@gmail.com.

	\$		
Date	Amount	Your Name	Payable To <small>(Only one check per person/company)</small>
Request Type: check one		Request Delivery: circle one	
<small>Attach all: receipts, invoices, order forms, or explain</small>			
<input type="checkbox"/> Reimbursement	<input type="checkbox"/> Advance payment	<input type="checkbox"/> Return to you	<input type="checkbox"/> Mail
<input type="checkbox"/> Goods or Services	<input type="checkbox"/> Other: (explain below)		
		Name/Company/Room#	
		Street	
		City	State Zip Code

Request Category

List amounts next to the approved budgeted expenses below. Itemized amounts must = check request total.

Receipts for Supplies

	Vendor	Amount
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
13		\$
14		\$
15		\$
16		\$
17		\$
18		\$
19		\$
20		\$
TOTAL:		\$

Receipts for Field Trips

If you are sharing an expense with other teachers, include their names and the amounts they will pay below. Please also collect their blue folders and submit them together with yours.

Myself:	\$
shared with:	
Teacher:	\$
Teacher:	\$
Teacher:	\$
Teacher:	\$
Teacher:	\$
TOTAL:	\$
Notes:	
Best way for PTA to reach you:	
Email:	
Phone:	

Approved for Payment (President & Treasurer, or 2 Officers must sign):

PTA President/Officer	Date	Check #	Check Date
PTA Treasurer/Officer	Date	Recorded by	