

Lafayette PTA Teacher Field Trip and Grant Form

Please submit your request for payment or reimbursement within two weeks from the date of the expense. Keep a copy of your receipts for your own records and attach the original receipt to this form. If you purchased items for another teacher, then list the amount to be deducted for each teacher and that amount will be deducted from each individual grant.

_____ \$ _____
Date Amount Requested

From

Payable To: Only one check per person/company

Request Type: check one

Reimbursement Advance payment
 Goods or Services Other

Attach all receipts, invoices, order forms, or explain:

Request Delivery (circle one)

Return Mail Do not fill if invoice attached

Name/Company (Do Not Fill if returning to yourself)

Street

City State Zip Code

Request Category

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

Supplies Grant

Myself	.....	\$
Myself	.....	\$
Myself	.....	\$
Myself	.....	\$
Myself	.....	\$
Myself	.....	\$
Myself	.....	\$
Myself	.....	\$
Myself	.....	\$
Myself	.....	\$
Myself	.....	\$
Myself	.....	\$
Myself	.....	\$
Myself	.....	\$
Teacher:	.....	\$
Teacher:	.....	\$
Teacher:	.....	\$
Teacher:	.....	\$

Field Trip Grant

Myself	.....	\$
Myself	.....	\$
Myself	.....	\$
Myself	.....	\$
Myself	.....	\$
Myself	.....	\$
Myself	.....	\$
Myself	.....	\$
Teacher:	.....	\$
Teacher:	.....	\$
Teacher:	.....	\$
Teacher:	.....	\$
Teacher:	.....	\$
Teacher:	.....	\$
Teacher:	.....	\$
Teacher:	.....	\$

Approved for Payment (President or 2 Officers must sign): _____ For internal use only

PTA President/Officer

Check #

Check Date

PTA Treasurer/Officer

Recorded by