DATE OF CHECK/DEPOSIT:	
CHECK #:	
CHECK AMOUNT:	
DEPOSIT AMOUNT:	
(for internal use only)	

L.B.I. P.T.A.

CHECK REQUEST (must include original receipt or invoice) AMOUNT:_____ DATE REQUESTED:____ MAKE CHECK PAYABLE TO: SEND TO (CHILD'S NAME/GRADE/TEACHER):_____ BUDGET CATEGORY:_____ SUBJECT:_____ OR DEPOSIT RECORD (please attach deposit acknowledgement from Bank) AMOUNT: DATE OF DEPOSIT:_____ BUDGET CATEGORY: SUBJECT:_____ SUBMITTED BY: _____(your signature) MEMO:_____

SEND TO:
Trish McDougall, LBI PTA Treasurer
C/O Megan McDougall, 4-Daly, LBI Grade School
Or
Shelby McDougall, 4-Scholey, LBI Grade School