

FOR TREASURER'S USE ONLY:

DATE OF CHECK/DEPOSIT: _____

CHECK #: _____

CHECK AMOUNT: _____

DEPOSIT AMOUNT: _____

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: _____

PROJECT OR COMMITTEE: _____

COMMITTEE CHAIRPERSON: _____

OR

DEPOSIT RECORD (Please attach copy of check and deposit acknowledgement from Bank)

AMOUNT: _____

DATE OF DEPOSIT: _____

BUDGET CATEGORY: _____

PROJECT OR COMMITTEE: _____

SUBMITTED BY: _____

SIGNATURE: _____

COMMENTS: _____

Please note the following:

1. Prior to purchasing any items on behalf of the PTA or your committee, please obtain a tax exempt form from the school office or the treasurer to avoid the payment of sales tax.
2. Please remember to check with your chair or the treasurer to ensure that you are within budget!

SEND TO:

**Adam Randel, LBI PTA Treasurer
c/o Elisabeth Randel, 1-Turner, EJ School**