



PAYMENT REQUEST FORM

- Attach receipts or invoice to this voucher
- Multiple line items can be itemized with one request form (specify breakdown)
- For questions, contact Trish Lorr, 425-999-1768 or treasurer@lwptsa.net

DATE: _____

BUDGET LINES (COMMITTEE or ACTIVITY): _____

ITEMS OR SERVICES PURCHASED: _____

AMOUNT OF PURCHASE OR INVOICE: \$ _____

RECEIPTS OR INVOICE ATTACHED? *(check one)* YES NO (If no, explain)

Remit payment to:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Submitted by:

SIGNATURE: _____

PHONE: _____ E-MAIL: _____

Approved by (committee chair or board member):

SIGNATURE: _____

PHONE: _____ E-MAIL: _____

Mail completed form and receipts / invoice to: LWPTSA Council, P.O. Box 97039
Redmond, WA 98073

OR SEND FORM through intra-district mail to LWPTSA Council at the LWSD Resource Center

FOR TREASURER'S USE ONLY

INVOICE # _____

CHECK # _____

CHECK AMOUNT _____

DATE PAID _____

ACCOUNT _____

☐ ENTERED IN FINANCIAL SOFTWARE