Check #

Los Altos High School PTSA

Request for Payment Form

Please submit to: LAHS PTSA Treasurer
201 Almond Ave
Los Altos, CA 94022

Date _____ **Amount Requested** $_____

Expense Description_____

Make Check Payable to _____

Requested by _____

Contact Information (email or phone number) _____

Mailing Address for check delivery _____

_____

Questions? Please send email to: LAHSPTSATreasurer@gmail.com

NOTE: PLEASE ATTACH ALL RECEIPTS

Approved by _____ Committee Chair, if applicable

Approved by _____ President

Approved by _____ Secretary

For PTSA Treasurer's use only:

Date _____ **Check Amount** **$**_____

Expense Categories _____ $_____

_____ $_____

_____ $_____

Notes: _____

_____