

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: mslee444@gmail.com*

### NOTE: PLEASE ATTACH ALL RECEIPTS

Approved by \_\_\_\_\_ Committee Chair, if applicable

Approved by \_\_\_\_\_ President

Approved by \_\_\_\_\_ Secretary

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### For PTSA Treasurer's use only:

Date \_\_\_\_\_ Check Amount \$ \_\_\_\_\_

Expense Categories \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_