

# LTMS PTO – CHECK REQUEST FORM

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**What is this check for?**

- to reimburse individual for expenses already incurred – **attach receipt or invoice marked “paid”**
- to request funds be paid to vendor for goods or services already received – **attach invoice**
- to request funds be paid to vendor **prior** to receipt of goods or services – **attach “pro forma” invoice**

Requester: \_\_\_\_\_ phone: \_\_\_\_\_ date: \_\_\_\_\_

Payable to: \_\_\_\_\_ date needed: \_\_\_\_\_

Address: \_\_\_\_\_ phone: \_\_\_\_\_

Signature of Committee Chair \_\_\_\_\_

Item	Amount *	Budget expense category

**Grand Total = \$** \_\_\_\_\_ \* sales tax cannot be reimbursed

----- **Treasurer's Notes** -----

Date received: \_\_\_\_\_

- Request includes documentation such as receipt or invoice
- Expenditure included in budget adopted by general membership
  - No plan of work required for expenditure
  - Expenditure is consistent with approved plan of work
- Independent contractor form processed (if required)

CHECK STUB TO BE ATTACHED TO THIS DOCUMENT

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