



LCHS CHORAL PARENTS ASSOCIATION REQUEST FOR PAYMENT OR REIMBURSEMENT

Date Requested: _____ Total Amount Requested: _____

Requested By: _____

Budget Category/Description of Expense:

Payee: _____

Address: _____

Phone/Email: _____

Delivery Instructions:

- Mail
- Pickup
- Other _____

*****Original bills and/or receipts must be attached.**

To Be Completed by CPA President/Treasurer

Approved by President: _____

Date: _____

Approved by Treasurer: _____

Date: _____

Budget Account #: _____

Amount of Check: _____

Budget Remaining: _____

Check Date: _____

Check #: _____