

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: mastein244@yahoo.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: _____
