

LINCOLN ELEMENTARY SCHOOL PTA
CASH DISBURSEMENT REQUEST (GREEN SLIP)

Date: _____

I hereby request funds from the Lincoln PTA for:

Check one: Reimbursement Advance Payment of Bill

Project or Committee: _____

Reminder: Are you within budget? _____

Purpose/Use: _____

Check Payable To: _____

Total Amount Requested: _____

Check to be: Hand Delivered Mailed Placed in Treasurer's Box in the Office

Contact Info (e-mail or mailing address): _____

Signed: _____ Phone #: _____

PLEASE ATTACH RECEIPTS OR INVOICES IN ORDER TO RECEIVE PAYMENT

For Treasurer's Use Only: Check # _____ Date Paid _____ Amount _____ Expense Acct. _____
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