



**Lake Youngs PTSA 9.7.25
Invoice Payment Request**

All invoice payment requests must be approved by the Committee Chairperson prior to submitting for payment. Fill out **PART A** of the form below, attach the original invoice and submit to the Treasurer for payment. Please keep a copy of the invoice for future reference. Upon approval, the check will be made out to the company or service provider.

PART A

Event or Committee: _____

Company Name/Service Provider: _____

Company Contact Person _____ Phone: _____

Email: _____ Company Address: _____

Invoice Date: _____ Due Date: _____ Total Amount Due: _____

Description: _____

Person submitting invoice: _____ Email: _____

Name of Committee Chairperson: _____ Signature: _____

Comments or Special Instructions: _____

_____ DO NOT WRITE BELOW THIS LINE _____

PART 2

Check made out to: _____

Check #: _____ Check Date: _____

Check Amount: _____ Date Mailed: _____

Treasurer's Signature: _____ Date: _____



LAKE YOUNGS PTSA
SINCE 1965