



# LT Band Parents Expenditure Request Form

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Payable to: \_\_\_\_\_  
*(name of vendor or person to be paid)*

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Budget line \_\_\_\_\_  
*(if known)*

Date needed: \_\_\_\_\_

## Signatures

Person making request: \_\_\_\_\_

Approval: \_\_\_\_\_