Lamb of God PTL

PTL Check Request/Reimbursement

TEACHERS NAME _____

GRADE _____

DATE _____

EMAIL _____

ITEM	PURCHASE USE/PURPOSE	EST. PRICE	QTY	LINE TOTAL
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
			TOTAL REQUEST AMOUNT	$ -

TREASURERS NOTES

Invoices/Receipts Received: _____

Date Paid: _____

Check #: _____

Amount: _____