

**Faribault Lutheran Schools
PTL Request for Payment Form**

Payable To: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Payment Amount: \$_____ (Invoice or receipt must be attached)

†Receipt(s) or bill totaling the amount of payment must be attached to this form.

Description or Reason for Payment: (Check one)

- Spring Carnival Marathon Chili Jam Book Fair
 Ladies Night Out Pancake Breakfast FLS Wear
 Other (please specify): _____

Prepared By: _____ Date Submitted: _____

Phone Number: _____ Email: _____

FLS PTL Treasurer's Use Only

Payment Date: _____

Check #: _____