Purchase Request Form
Lake Beauty Association

Requested by: _____
Phone: _____
Email: _____

Purpose: _____

Date of request: _____ Date approval is needed: _____

Estimated expenses: *Please include the following information (attach necessary pricing documents).*

Qty	Items	Price each	Total
	TOTAL		

Please wait to make purchases *until you have received signed copy of this form.*

For Executive Board use only.

Received by _____ Position _____ Date _____

Approval (2): President: _____ Date _____
Vice President: _____ Date _____
Sec/Treasurer: _____ Date _____

Notes:

REQUEST FOR PAYMENT: Attach all receipts to this form.

Approved 08.18.2018
New Logo 08.17.2019