

# LRHS PERFORMING ARTS BOOSTERS

## PAB Expense Payment with PAB Credit Card Record

Date of payment \_\_\_\_\_

Name of Person Paying with PAB Credit Card \_\_\_\_\_

Home Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Reason for Payment \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In the amount of \$ \_\_\_\_\_

Receipt(s) Attached Yes \_\_\_\_\_ No \_\_\_\_\_