Special Olympics Louisiana

LTP Payment Request

For this request to be processed, all receipts and/or invoices must be attached.
Submit to accounts-payable@laso.org
CHECKS WILL BE PROCESSED WITHIN 10 BUSINESS DAYS ONCE APPROVED

To be completed by designated LTP members only.

Date:	[ ] Single Payment Requst	[ ] Recurring Bill ___ *# of months:*
LTP Name:	Prepared by:	
Phone:	Email Address:	
Explanation of Charges:		

This below section does not need to be completed if the invoice contains all contact info and itemization.

Payable to:	Due Date:
Vendor Address:	
Vendor City, State, Zip:	Vendor Phone:
Vendor Email Address:	

Item/Service Summary *(You do not need to itemize here if the invoice is itemized.)*	Total
Total	

I certify that the amounts shown above are for Special Olympics Louisiana, Inc. business purposes only.

LTP Authorized Signature:

To be completed by SOLA staff

Approved by *(sign & print)*:

Signature:	Date:
[ ]Approved	[ ]Denied Reason: