

LTP Payment Request

For this request to be processed, <u>all receipts and/or invoices must be attached</u> . Submit to <u>accounts-payable@laso.org</u> CHECKS WILL BE PROCESSED WITHIN 10 BUSINESS DAYS ONCE APPROVED				
To be completed by designated LTP members only.				
Date:	[] Single Payme Requst	ent	[] 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 Image: Service Summary (You do not need to itemize here if the invoice is itemized.) Image: Service Summary (You do not need to itemize here if the invoice is itemized.)				
		Takal		
Total I certify that the amounts shown above are for Special Olympics Louisiana, Inc. business purposes only.				
LTP Authorized Signature:				

To be completed by SC	DLA staff	
Approved by (sign	n & print) :	
Signature:		Date:
[]Approved	[]Denied Reason:	

Special Olympics Louisiana

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