

**REQUEST FOR PAYMENT LOCAL  
SPECIALIST ASSOCIATION KTTA**

PAYMENT TO: \_\_\_\_\_

LSA: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

DATE: \_\_\_\_\_

EXPLANATION OF EXPENSE:

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

ACCOUNT: LSA

LSA CHAIR APPROVAL: \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

FOR OFFICE USE ONLY

CHEQUE NUMBER: \_\_\_\_\_

DATA ENTRY COMPLETED: \_\_\_\_\_