



# Lakemont Elementary PTO Electronic Funds Transfer (EFT) Report

Check One:  Debit Card  Other \_\_\_\_\_

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Transaction Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Vendor/Retailer: \_\_\_\_\_

Event/Budget Line Item: \_\_\_\_\_

Description for Charges: \_\_\_\_\_

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*Attach all receipts to this form, and submit within 30 days of transaction date.*

*Please direct any questions to Melissa Vaughan:  
lakemontptotreasurer@gmail.com or (407) 314-5387*

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## Treasurer's Use Only

Budget Category: \_\_\_\_\_

Monthly Statement/Appeared: \_\_\_\_\_ Registered: \_\_\_\_\_

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