



2018-2019 Local Unit Budget Approval

The submission of this form is required to maintain a unit's good standing. Entries to all recognitions and awards will be **ineligible** unless this form has been sent to the state office by the district or state deadline, whichever comes first.

Unit Name _____

LUR # _____

District

_____ The

PTA's budget for the 2018-2019 fiscal year was approved at the general membership meeting held on _____.

(Signature)

President _____

Treasurer _____

(Signature)

PTA Principal _____

(Signature)

PLEASE ATTACH A COPY OF THE APPROVED BUDGET WITH THIS FORM.

Mail a copy to both the:

**Louisiana PTA
P.O. Box 4420
Covington, LA 70435**

AND

**Tori W. Parrott
P.O. Box 18223
Shreveport, LA 71138**