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## PTSA Reimbursement Request 2009-2010

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**Thank you for everything you do for Lakeview PTSA!**

If you have questions, please contact Trina Gery at (425) 822-1983 or  
lakptsatreasurer@gmail.com.

- ▶ Please fill out the entire form.
- ▶ A sales receipt and/or invoice must accompany this request.
- ▶ A separate request must be submitted for each committee/activity.
- ▶ The request must not exceed the approved Fall Budget Allocation without prior approval by the PTSA Board and/or general membership by vote.
- ▶ Requests put in the "Reimbursement Request" folder in the PTSA room by Friday at 3:30pm will be mailed or delivered by the next Friday at 3:30pm.

Date of Request: \_\_\_\_\_ Check Amount: \_\_\_\_\_

Requested By: \_\_\_\_\_ Phone: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Check one box to specify where we should deliver your reimbursement check:

- "Reimbursement Paid" folder in PTSA room
- School Mailbox
- Mail (please attach self-addressed, stamped envelope)
- Other: \_\_\_\_\_

Committee/Activity (please specify): \_\_\_\_\_

Purchased Items:

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**Reminder: Receipts Must Be Attached**

<p><b>Treasurer Only</b></p>
Date: _____
Check #: _____
Amount: _____