# Las Lomas Performing Arts Foundation
# REIMBURSEMENT REQUEST

Date:_____

Submitted By:_____

Contact Phone:_____ Email:_____

Check Payable to:_____

Mailing Address:_____

_____

_____

Please mail check to address stated above:_____ I will pick up at Treasurer's home**:_____

**EXPENDITURES (add extra pages if more than 5 entries)**

| Budget Category / Venue / Committee | Description | Amount |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | **Total Reimbursement Amount** | |

***YOU MUST ATTACH ALL ORIGINAL RECEIPTS AND SUBMIT WITHIN 30 DAYS OF INCURRING EXPENSE***

*You may submit Reimbursement Requests to me in person or by mail, email or fax:*


**Isabel Eleazar-Wong
Las Lomas Performing Arts Foundation
14 Royal Glen Court
Walnut Creek, CA 94595
Cell : (925) 285-9328
Home: (925) 979-9729
Email: LLPAFTreasurer@gmail.com


***Please keep a copy of this request for your committee files.***

***Approvals:***

_____ _____

***Treasurer Date Chair Date***

***For Treasurer Use ONLY: Date Paid_____ Check Number:._____***