Las Lomas PTSA
REIMBURSEMENT REQUEST
2016 – 2017

DATE:___ _____

SUBMITTED BY:_____EMAIL or PHONE:_____

CHECK PAYABLE TO:_____

MAILING ADDRESS:

_____
_____

Please send my check by mail:_____ I will pick up at PTSA meeting:_____

EXPENDITURES

Budget Category/ Event/Activity	**Description**	**Amount**
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Reimbursement Amount: _____

PLEASE ATTACH ALL ORIGINAL RECEIPTS

You may submit Reimbursement Requests to me by mail, or you can leave it in the PTSA box in the school office. If you need to contact me email me at sasserg@comcast.net or call me at (925)330-9350.

Greg Sasser, LLPTSA Treasurer
191 Montanya Ct
Walnut Creek, CA 94597

PLEASE KEEP A COPY OF THIS REQUEST FOR YOUR RECORDS

Approval:

_____ _____
Secretary Date ***President Date***

For Treasurer Use ONLY:
Date Paid_____ ***Check No.***_____ ***Date Ratified:*** _____