

**Las Lomas PTSA  
REIMBURSEMENT REQUEST**

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 by mail, or you can leave it in the PTSA box in the school office.*

**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:* \_\_\_\_\_