

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**: _____

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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:

Stuart Kim-Brown
Las Lomas Performing Arts Foundation
2054 Doris Ave
Walnut Creek, CA 94596
Cell : (510) 290-3980

Email: LLPAFTreasurer@gmail.com

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

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Approvals:

Treasurer

Date

Chair

Date

For Treasurer Use ONLY: *Date Paid* _____ *Check Number:* _____