

Check #: \_\_\_\_\_

Date: \_\_\_\_\_

Recorded by: \_\_\_\_\_

## LAKERIDGE PTA REQUEST FOR REIMBURSEMENT/PAYMENT

*For Treasurer's Use Only:*

Check #: \_\_\_\_\_ Amount \$: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Event/Category: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Phone: \_\_\_\_\_

Purpose/Event: \_\_\_\_\_ Date: \_\_\_\_\_

Itemized costs and purchases: (Attach Receipts to Form)

Description	Cost
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total</b>	<b>\$</b>

**Make Payment To:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Do you want the check:**

1. Mailed to you?     Yes     No  
     (If yes, please enclose a self-addressed envelope)  
     OR
2. Placed in \_\_\_\_\_ PTA Office Folder

**Have you:**

- Attached receipts?
- Included envelop if necessary?
- Made a copy for your file?

***Please place in the Treasurer's Folder in the LR PTA Office***