

Reimbursement Request Form

Liberty High School PTSA 2.6.50

P.O. Box 2633 • Renton, WA 98056-0633

www.libertyhighptsa.com

Contact: President: president@libertyhighptsa.com • Treasurer: treasurer@libertyhighptsa.com

INSTRUCTIONS: Please complete the information below. **Please attach original invoices or receipts to this form. All reimbursements are REQUIRED to have a receipt or invoice for proper record keeping.** Form must be signed by the appropriate PTSA Committee Chair, or a member of the PTSA Executive Board. Place completed form/receipts in the PTSA box in the school copy room OR mail to the P.O. Box above, Attention: PTSA Treasurer. Please contact the PTSA Treasurer at treasurer@libertyhighptsa.com with any questions.

Requestor Name: _____ Date: _____

Email address: _____ Phone: _____

Budget Category/Line Item: _____

Pay To: _____ Amount Requested: _____

Reason / Explanation of items or services on this request: _____

Method of Payment:

_____ Pay Attached Bill / Invoice direct to business/service provider listed on attached invoice

_____ Reimburse me at next meeting

_____ Mail Check to: _____

_____ Leave in PTSA mailbox

Requestor Signature: _____

Committee Chair/Exec Name: _____ Phone: _____

Chair Signature: _____ Date: _____

For Treasurer Use Only

Check Payee: _____ Check Number: _____

Check Amount: _____ Check Date: _____