

EASTLAKE HIGH SCHOOL PTSA 2.8.88
REQUEST FOR REIMBURSEMENT

DATE _____ AMOUNT REQUESTED: \$ _____

PURPOSE OF FUNDS:

PAYABLE TO: Name: _____

Address: _____

City Zip: _____

Email: _____

REQUESTED BY: _____

APPROVED BY: _____ (Required)
(Authorized Signature)
(Committee Chair/President/Treasurer)

SEND TO: EHS PTSA, Treasurer
400 228th Ave NE
Sammamish, WA 98074

treasurer@ehsptsa.org

(OR you may leave the form in the school's PTSA Mailbox if you also email Sandra to let her know it's there)

FOR TREASURER'S USE

CHECK # _____ AMOUNT \$ _____

DATE CHECK ISSUED: _____

BUDGET CATEGORY: _____