

Check # _____

Date _____

LJHS PTA CHECK/REIMBURSEMENT REQUEST

Event/Project(s) _____

<u>Date</u>	<u>Itemized Purchases</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total check request/to be reimbursed: _____

*Please note: In order to be reimbursed, receipts for all purchases must be stapled to this form for audit purposes. No reimbursement can be made without appropriate receipts or documentation.

_____ Please mail my check to the address below.

_____ Please hold my check until our next PTA meeting.

Name _____

Address _____

Telephone _____

Please leave this form and attached receipts in the Treasurer's box at the high school or mail to: Lee Trahan, 7630 Norcanyon Way, San Diego, CA 92126

Questions? Contact Lee Trahan at 858-566-4704 or ltrahan1@san.rr.com

Approved: President _____
Secretary _____