

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: Amy Heap, 6055 Caddington Row, La Jolla, CA 92037

Questions? Contact Amy Heap at 858-456-0777 or amyheap@gmail.com.

Approved: President \_\_\_\_\_  
Secretary \_\_\_\_\_