

PTSA Expense Reimbursement Form

Cedar Trails PTSA
4399 Issaquah-Pine Lake Rd
Sammamish WA 98075
www.cedartrailsptsa.org

INSTRUCTIONS: Please complete ALL unshaded parts of this form. Attach original invoices, receipts, or billing statements. Remember to include sales tax on reimbursable items. Form must be signed by the requesting person, the appropriate PTSA committee chair AND a member of the PTSA board of directors or Principal/Dean (for staff members). Place completed forms on the PTSA mailbox located in the main office. If you need assistance, or have questions, please contact the PTSA Treasurer.

Detail of Expense

Budget Category: _____

Name of Payee: _____

Phone Number: _____ TOTAL AMOUNT: _____

Items or programs to be reimbursed: _____

Method of Payment

☐
☐
☐

Pay attached bill

Reimburse me (check left at school in mailbox - staff ONLY)

Reimburse me (check mailed home, please provide address below)

Requester (your) Signature

Printed Name: _____ Phone #: _____

Signature & Date _____

Board of Director, Principal or Dean Approval

Printed Name: _____ Phone #: _____

Signature & Date _____

Treasurer Use ONLY

Check # _____

Date _____

Amount \$ _____