

Creekside Elementary PTSA 20777 SE 16th Street, Sammamish WA 98075 www.creeksideptsa.ourschoopages.com



2016-2017 REIMBURSEMENT REQUEST

Instructions: Please complete all unshaded areas of the form. Attach original invoices, receipts, or billing statements. Please remember to include sales tax on reimbursable items. Submit to PTSA Treasurer, or drop in the PTA Box located in the Creekside Office. Remember all checks require 2 signatures, so please allow sufficient time.	
	5.
Requestor:	Date:
	Amount Requested:
Addrogo;	
Phone:	
*Authorized Signature:	Date:
*Committee Chair (if you ar	e a PTSA Member) / Principal (if you are a Staff Member)
Treasurer	Contact Info: Parul Agarwal, parul2081@gmail.com or 425-442-5570
	TREASURER USE ONLY
Check Number:	
Date Received: Check Amount:	Date Paid: