



Creekside Elementary

PTSA

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Creekside Elementary PTSA

20777 SE 16th Street, Sammamish WA 98075

www.creeksideptsa.ourschoopages.com

2017-2018 Reimbursement Request Form

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.

Requestor _____ Date _____

Committee/Event _____ Amount Requested _____

Budget Category _____

Payable To _____

Address _____

Phone _____

Email _____

Reason _____

*Authorized Signer _____ Date _____

*Committee Chair (if you are a PTSA Member) / Principal (if you are a Staff Member)

Treasurer Contact Info: Hailey Chamberlain haileyc.pak@gmail.com 425-445-2991

TREASURER USE ONLY

Check # _____	Date Received _____
Date Paid _____	Check Amount _____