



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

2022-2023 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: creekside.elementary.ptsa@gmail.com

TREASURER USE ONLY

Check # _____ Date Received _____

Date Paid _____ Check Amount _____