



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

2023-24 PTSA Member Reimbursement

Instructions: Please complete all unshaded areas of the form. Attach original invoices, receipts, or billing statements. Reimbursement requires a committee chair signature. Reimbursement for over the budgeted amount for your committee/ event requires prior approval by the Board. Email this form to PTSA Treasurer, or drop in the PTSA Box located in the Creekside Office. All checks require 2 signatures, so please allow sufficient time for reimbursement.

Requestor _____ Date _____

Committee/Event _____ Amount Requested _____

Payable To _____

Address _____

Phone _____

Email _____

Description _____

***Committee Chair** _____ Date _____

Treasurer Contact Info: creekside.elementary.ptsa@gmail.com

TREASURER USE ONLY

Check # _____ Date Received _____

Date Paid _____ Check Amount _____