



ISSAQUAH MIDDLE PTSA

Payment / Reimbursement Form

****Due May 31****

Check # _____

DATE: _____ AMOUNT: \$ _____

SUBMITTED BY: Name _____

Signature _____

Email _____

CHECK PAYABLE TO: SAME _____ OTHER _____

BUDGET CATEGORY:

AMOUNT

(If different from above)

Please list the name of the event or program for the expenditure.

Event/Program: _____ \$ _____

Event/Program: _____ \$ _____

Event/Program: _____ \$ _____

PURCHASED ITEMS:

PLEASE DELIVER CHECK TO:

PTSA Mailbox

(Treasurer will notify you via email when your check is available.)

Mail to _____

****Please attach applicable receipts and/or invoices****

****Put completed form in PTSA mailbox****

PTSA Approval: _____

Treasurer Notes: _____

TREASURER'S USE ONLY

Check #: _____ Check Date: _____ Amount: \$ _____

Budget Category: _____

Delivered: Box _____ By Hand _____ Mail _____