



**ISSAQUAH
MIDDLE
PTSA**

Staff Reimbursement Form

****Due April 30****

Check #: _____

DATE: _____ AMOUNT: \$ _____

SUBMITTED BY: Name _____

Signature _____

Email _____ @ issaquah.wednet.edu

CHECK PAYABLE TO: SAME _____ OTHER _____

PLEASE DELIVER CHECK TO:

Mailbox

Mail to _____

PURCHASED ITEMS:

PRINCIPAL'S SIGNATURE: _____

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

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

PTSA Approval: _____

Treasurer's Notes: _____

TREASURER'S USE ONLY

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

Budget Category: Classroom Funds Other _____

Delivered: Box _____ By Hand _____ Mail _____