

Issaquah PTSA Council 2.6

2023- 2024 COUNCIL REIMBURSEMENT REQUEST

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 Nikki Mason, Treasurer, at the next meeting or mail to 15017 253rd Ave SE, Issaquah, WA 98027
If you have questions you can reach Nikki at 504-390-0274 or treasurer@issaquahpts.org**

Please remember all checks require 2 signatures, so please allow a minimum of 10 days for a check.

Requesor: _____

Phone: _____ Date: _____

Committee / Office: _____ Amount Requested: _____

Budget Category: _____

Payee: _____

Explanation - what will the money be used for: _____

Method of Payment

_____ Pay attached bill

_____ Reimburse me at next meeting

_____ Other, please describe _____

Requestors Signature

Name: _____ Date: _____

TREASURER USE ONLY

Check Made Out To : _____

Check Number: _____

Check Date: _____

Check Amount: _____

Budget Category: _____

Authorized Signatures _____

Authorized Signatures _____