

Lakeridge High School Pacer Parents Club

REQUEST FOR REIMBURSEMENT FORM

(Electronic Version)

ORGANIZATION NAME _____

Please Note: Receipts and/or Invoices MUST be attached to this form.

Person Requesting Funds _____

Signature _____ Phone _____ Email _____

Date _____ Committee _____

Budget Item to be Charged _____

Explanation/Description of Expenses _____

Make check payable to _____ Amount _____

How to deliver check:

Mail (include stamped & addressed envelope) _____

Put in box at school (designate which box) _____

Other (please specify) _____

===== Treasurer's Use Only =====

Check # _____ Check Date _____

Treasurer Signoff _____