Lake Tapps Elementary School PTA

Proudly serving Lake Tapps and Dieringer Heights Elementary Schools

Reimbursement Request

Date: _____

Funds Used For	Amount	Committee	Chair Signature
Total:			

Make Check Payable to: _____

Mailing Address: _____

_____

☐ Receipt(s) Attached ☐ Invoice(s) Attached

Signature of Person Submitting Bill: _____

Phone Number: _____