

Cascade Ridge Elementary PTSA

2020 Trossachs Blvd SE

Sammamish, WA 98075

REQUEST FOR PAYMENT/REIMBURSEMENT VOUCHER

Please complete this form and attach any receipts or other supporting documents. Thank you.

Payable to: _____ Date: _____

Address: _____ Phone: _____

_____ Amount: _____

Committee/Account: _____

Staff only (check): Staff Grant: ____ Grade Level Grant: ____ Art/Science Enrich: ____

Reason/Explanation of Expense: _____

Signature of person requesting payment: _____

Signature of Committee Chair / VP: _____

Treasurer's Record

Payee: _____

Committee/Budget Category: _____

Check #: _____

Check Date: _____

Amount: _____
