

Landmark Parents Association Reimbursement Request Form

ALL reimbursements forms must be submitted to the LPA Treasurer within 30 days of the expenditure.

Date of Request: _____

Event: _____

Budgeted Amount: _____

Amount of Reimbursement: _____

Description: _____

Campus: *please circle* (EMS) or (HS)

Make check payable to: _____

Address: _____

Please attach receipts totaling amount requested and forward to the Treasurer.

_____ Please do not reimburse - contribution

Treasurers Recording Below

Receipts attached and match requested amount (YES) (NO)

Within Budgeted amount (YES) (NO)

DATE PAID _____

CHECK NUMBER _____