

Check #	
CHECK#	

Reimbursement Request 2023-2024

Check P To	•						
Street Ad	ldress						
City			State		Zip		
Amount	\$	Phone #		Date			
Please des	scribe the	expense and indicate t	the approved budg	et line item	(if you	know it):	
		expense and indicate t					
		enses were incurred or		Lean High			
certify that	these expe	enses were incurred or	n behalf of the Mcine Sign Name Date	Lean High	School 1	PTSA.	
certify that	these expe	enses were incurred or Print Nan I be approved unless reachers must be approve	n behalf of the Mcine Sign Name Date	Lean High	School 1	PTSA.	



