

LFK8 PTSA

TEACHER REIMBURSEMENT



TEACHER NAME:

PTSA MEMBER: YES ☐ NO ☐

BEST CONTACT INFORMATION:

REQUEST DATE:

TEACHER REIMBURSEMENTS

The LFK8 PTSA knows that the people who work directly with our students know what they need to fill the gaps. Our Reimbursement Program is here to help fill the gaps. Please fill out the application completely. Remember, items purchased with PTSA funds should directly support students and must remain with the school. PTSA Membership is required to receive reimbursement.

FINANCIALS

ITEMIZED EXPENSES: Please be as specific as possible and include tax (even if the source does not charge tax. CUSD pays tax on all items), shipping and handling charges. If seeking reimbursement for a previously purchased item, original receipts must be submitted.

ITEM: _____

SUBTOTAL: _____

ITEM: _____

SUBTOTAL: _____

ITEM: _____

SUBTOTAL: _____

ITEM: _____

SUBTOTAL: _____

ITEM: _____

SUBTOTAL: _____

TOTAL AMOUNT REQUESTED: _____

JUSTIFICATION

Please describe your program, project, activity, and/or equipment. Include the objective, timeline, and grade level(s) of students who will benefit. Attach additional pages or documents as needed.

TEACHER SIGNATURE:

PTSA USE ONLY

PTSA Membership verified. ☐ Receipt or Purchase Order Attached ☐ Total Awarded:

Treasurer Signature:

Date:

President Signature:

Date: