



CHECK AND EXPENSE REIMBURSEMENT REQUEST FORM

Must submit within 60 days of receipt date

- Complete form and print**
- If using digital format, save form using alternate document name
- Attach** form and image(s) of ORIGINAL receipts to email
- Email **Lani Carpenter (lani.carpenter@lakesideschool.org)** or deliver to **PGA office for processing**
- Include **CONTRACTS** or other **SUPPORTING DOCUMENTATION** as appropriate.
- If a first time vendor, request **W9/TAX ID #** from vendor

MAKE CHECK PAYABLE TO:

Name

Address

City/State/Zip+4

CHECK REQUIRED BY:

Date

ENTER DETAILS OF RECEIPT(S) BELOW:

DATE	VENDOR and DESCRIPTION	AMOUNT	COMMITTEE	ACCOUNT # (optional)

TOTAL \$ -

SUBMITTED BY:

Name Date

Contact #

Thank you for submitting. Please allow 10 days for processing

Below this line to be completed by PGA Office

COMMITTEE CHAIR

(or Executive Liaison) APPROVAL:

Name Signature Date

PA TREASURER APPROVAL:

Name Signature Date