

Mt. Rainier High School PTSA



Request for Reimbursement/Check

Check Requested By:		
Check Issued To:		
Delivery Address:		
Date:	Phone:	Email:
Total Reimbursement/Check Amount: \$		
<i>Circle the Category:</i>		
Staff Appreciation	Reflections	Fundraising
Staff Enrichment	Senior Event	
Membership	Miscellaneous, Explain:	
Description of Items/Services:		
<i>Signature of Committee Chairperson/Staff Member:</i>		

Please attach invoice/receipts to this form

Keep a copy for your records

22450 - 19th Avenue South, Des Moines, WA 98198 - EIN # 91-1088695

Contact Information: Kay Duncanson, Treasurer (ph 878-8317 or kd@DuncansonCo.com)