



Las Brisas PTSA 2024-2025

Staff Reimbursement/Request for Funds

Date: _____

Amount: \$ ____, ____ . ____

Reason for Request:

Classroom PBL/STEAM
Materials (up to \$200)

Classroom Reimbursement
(up to \$150)

Other

Details: _____

Invoice #: _____

Requested by: Name _____ Signature _____

Make Check Payable To (if different than requested by): _____

****Receipts must be attached****

***** Treasurer Use Only *****

Check # _____ Amount \$ _____

Date Issued _____

Treasurer Signature _____

Audited by Signature _____