

LAKE FOREST HIGH SCHOOL
ASSOCIATION OF PARENTS AND TEACHERS

Request for Reimbursement/Payment

Event/Activity/Committee _____ Date _____

Contact Name _____ Telephone _____

<u>Description*</u>	<u>Category</u>	<u>Amount</u>
<i>Example: Posterboard</i>	<i>Example: Open Doors</i>	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	<u>Total</u>	\$ _____

*Must have support for all reimbursements. Please attach all receipts and/or bills.
Remember, sales tax is not reimbursable.

Expenditures over \$500 require approval of APT President.

Make check payable to: _____

Address: _____

Purpose/Explanation/Comments: _____

Please forward completed form and attachments to:

Jeanna Park
565 E Deerpath Road
Lake Forest, IL 60045
lfhsapttreasurer@gmail.com