

Request for Payment/Reimbursement

Date of Request 5/14/19

Amount of Request

Pay to the order of: Katie Stark

Address: 15726 25th Dr. SE, Mill Creek, WA 98012
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Phone: 425-791-4186	Requested By: (if different from payable to)
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Committee Chair Approval	
Name: Katie Stark	Committee: Staff Appreciation Lunch

Please indicate budget category of expenditure:

- | | |
|--|--|
| <input type="checkbox"/> Awards | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Book Fair | <input type="checkbox"/> Reflections |
| <input type="checkbox"/> Dances/Concessions | <input checked="" type="checkbox"/> Staff Appreciation |
| <input type="checkbox"/> Eighth Grade Ceremony | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Eighth Grade Party | <input type="checkbox"/> Fall Fundraiser |
| <input type="checkbox"/> Golden Acorn Awards | <input type="checkbox"/> Website and Email |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Legislation |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Treasurers Verification

Receipts Attached: ___ Yes ___ No If no please explain: _____

Date Received	Date Issued	Check #	Amount

Executive Committee Endorsed By:
