

**Cascade Ridge Elementary PTSA**  
2020 Trossachs Blvd SE  
Sammamish, WA 98075

**REQUEST FOR PAYMENT/REIMBURSEMENT VOUCHER**

Please complete this form and attach any receipts or other supporting documents. Thank you.

Payable to: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Amount: \_\_\_\_\_

Reason/Explanation of Expense: \_\_\_\_\_

\_\_\_\_\_

Signature of person requesting payment: \_\_\_\_\_

Committee/Office: \_\_\_\_\_

Signature of Committee Chair: \_\_\_\_\_

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**Treasurer's Record**

Payee: _____	Committee/Budget Category: _____
Check #: _____	_____
Check Date: _____	_____
Amount: _____	_____