

# LAKWOOD HIGH SCHOOL PTSA

## EXPENSE REPORT

(please print)

DATE : \_\_\_\_\_

NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

TELEPHONE/E-MAIL : \_\_\_\_\_ / \_\_\_\_\_

EXPENSE DETAIL: (attach receipts or other applicable documentation)

Date of Expense	Item Description and Purpose	Amount

Total Amount Expended: \$ \_\_\_\_\_ Reimbursement: \_\_\_\_yes \_\_\_\_no

Expense Check Payable to: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Brent Nelson, Pres.

If check to be mailed, provide mailing address:

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TREASURER USE ONLY

CHECK # : \_\_\_\_\_ DATE PAID : \_\_\_\_\_ PAID BY : \_\_\_\_\_

RECEIVED BY : \_\_\_\_\_ DATE: \_\_\_\_\_

FUND: \_\_\_\_\_ NOTES: