



Our Lady of Lourdes School

7324 Apperson Street

Tujunga, California

91042

(818)353-1106

www.ourladyoflourdes.us

PARENT TEACHER ORGANIZATION CHECK REQUEST

Completed by person requesting reimbursement:

NAME _____ (printed)

POSITION _____

DATE: _____

Please provide reimbursement for the following:

ITEM: _____ AMOUNT: \$ _____

ITEM: _____ AMOUNT: \$ _____

ITEM: _____ AMOUNT: \$ _____

TOTAL: \$ _____

SIGNATURE: _____

REIMBURSEMENT RECORD (OFFICE USE ONLY)

DATE: _____

Amount approved for reimbursement: _____ Any amount not approved? ____ No ____ Yes

If yes, why not approved for reimbursement: _____

Quickbooks Category: _____

Paid Amount: _____ Check #: _____ Date: _____

TREASURE SIGNATURE: _____

PRINCIPAL'S SIGNATURE _____

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