

Reimbursement Request 2021-2022

| Check Payable To: | | | | | | | | | | |
|----------------------|--------|-----------|--|---------------------|------------------------------|----------------|--------|-------|------|----------|
| Street | Addı | ress | | | | | | | | |
| City | | | | | State | | | Zip | | |
| Amoun | t | \$ | Ph | one # | | | Date | | | |
| | | | expense and in | | | | | | | |
| | | | enses were inc | urred o | n behalf of th | e McLean | | | | |
| certify tl | nat th | nese expo | enses were inc | urred o rint Nan | n behalf of the me Sign Name | e McLean Date | High S | chool | PTSA | <u> </u> |
| certify tl | nat th | nese expo | enses were incompared to the approved understood | urred o rint Nan | n behalf of the me Sign Name | e McLean Date | High S | chool | PTSA | <u> </u> |

Either mail the original of the signed request form and the receipts to the address below or e-mail a signed copy of the request form and receipts to the e-mail address below and save all originals.