

LAKE FOREST HIGH SCHOOL
ASSOCIATION OF PARENTS AND TEACHERS

Request for Reimbursement/Payment

Event/Activity/Committee _____ Date _____

Contact Name _____ Telephone _____

<u>Description*</u>	<u>Category</u>	<u>Amount</u>
<i>Example: Posterboard</i>	<i>Example: Publicity</i>	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	<u>Total</u>	\$ _____

*Attach all receipts and/or bills

Make check payable to : _____

Address: _____

Purpose/Explanation/Comments:

Please forward completed form and attachments to:

Terri Karst
175 Pembroke Drive
Lake Forest, IL 60045

or

Terri Karst, APT
Lake Forest High School
1285 N. McKinley Road
Lake Forest, IL 60045