



LIGHTHOUSE Elementary Cooperative
11014 19th Ave SE
Ste. #8 PMB# 340
Everett, WA 98208
Voicemail: 425.385.7428
lighthousecooperative@yahoo.com

REQUISITION FOR REIMBURSEMENT

Make check payable to: _____

Specify which class (or budget item) the expense was incurred for: _____

Authorization: _____

Description:

- Receipt within 30 days of purchase
- Authorization signed

TOTAL AMOUNT _____

- All CLASSROOM expenses must be authorized by the appropriate TEACHER (items over \$200 require chairperson to co-sign). All other expenses must be authorized by the LIGHTHOUSE chairperson. **Obtain signatures prior to submitting the form to the Treasurer.**
- Submit with receipt(s) attached to the back of this form (the person receiving the funds should sign the receipts).** Please copy the receipt(s) and form(s) for your own records.

Since checks are typically given to teachers to be passed on to parents, please advise which teacher should be given the reimbursement check: _____

For Treasurer's use only:

Check Number _____ Date of Check: _____ Date to School District: _____