Robert Frost Elementary PTSA

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Request for Release of Funds Reimbursement Form

11801 N.E. 140th St., Kirkland, WA 98034

This form is required for reimbursement. Please fill out the top portion of this form in completion. Attach any/all receipts if requesting a reimbursement, invoices if requesting a payment to another entity and describe any special instructions or split payments below.

Once completed, place the form in the PTSA Drop Box (main office), PTSA Inbox or the Treasurer's folder (located in the work room).

FOR PTSA COMMITTEES

Your Name:		Date:	
Committee:		Total Requested:	
Please briefly describe the use of funds			

FOR FROST STAFF

Your Name:		Date:	
Frost Title:		Total Requested:	

Please choose from one of the following programs

- ☐ Educator Supply Grant
- ☐ Student Enrichment Grant
- ☐ Meeting Student Needs
- ☐ Other:_____

Please contact the PTSA Board for more information on any of these Grant programs: FrostPTSA@gmail.com

FOR ALL

Make check payable to: _____

Approved by: _____ (Initials of Committee Chairperson(s) or PTSA Officer)

PTSA TREASURER USE

Date: _____ Paid to: _____ Check # _____

Amount: _____ Budget Category: _____

Payment delivered to: _____