

**PFLASA dba Parents and Friends of LASA  
Request for Payment**

EMAIL: pflasa\_treasurer@yahoo.com

PFLASA PROGRAM EXPENSE (CHECK ONE)

CLASSROOM MATERIALS (Consumables \$100 limit)

PFLASA BUDGET CATEGORY \_\_\_\_\_

Date of Request \_\_\_\_\_

Payee Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payee Email Address \_\_\_\_\_

Payee Phone Number \_\_\_\_\_

Total Amount Requested \$ \_\_\_\_\_

**EXPENSE REIMBURSEMENT**

List each receipt individually - Verify totals before submitting

Receipt amount # 1 \_\_\_\_\_ Receipt amount # 5 \_\_\_\_\_ Receipt amount # 9 \_\_\_\_\_

Receipt amount # 2 \_\_\_\_\_ Receipt amount # 6 \_\_\_\_\_ Receipt amount # 10 \_\_\_\_\_

Receipt amount # 3 \_\_\_\_\_ Receipt amount # 7 \_\_\_\_\_

Receipt amount # 4 \_\_\_\_\_ Receipt amount # 8 \_\_\_\_\_ Total Receipts \$ \_\_\_\_\_

\_\_\_\_\_  
**Committee Chair Approval**  
(signature or email required)

**Note 1. Sales tax will not be reimbursed unless preauthorized.**

**Note 2. School and teacher checks will be delivered through school mailboxes. All others, please include a stamped, self-addressed envelope.**