



**KOREMATSU  
ELEMENTARY**

KOREMATSU ELEMENTARY PARENT TEACHER ORGANIZATION

3100 Loyola Dr  
Davis, CA 95618

T 530.757.5358

F 530.757.5362

www.korematsupto.org

# Reimbursement Request

Today's Date \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Expense Description	Date	Amount	Budget Category
<b>Total</b>			
Please attach receipts to this document.			This column for Treasurer use only

RECEIPTS

Requestor's Signature \_\_\_\_\_

**Treasurer's Box**

Check # \_\_\_\_\_

Date Issued: \_\_\_\_\_

Authorization: \_\_\_\_\_

President

\_\_\_\_\_

Treasurer