

OES Lower School PAL
Check Request/Reimbursement Form

NAME: (print)

DATE:

ADDRESS:

PHONE NUMBER:

E-MAIL:

COMMITTEE NAME OR GRADE:

DESCRIPTION OF THE EXPENSE:

AMOUNT REQUESTED: \$ _____
(receipts must be attached)

PURPOSE OF EXPENSE: _____

COMMITTEE CHAIR OR CLASS TREASURER SIGNATURE:

(required to be reimbursed)

The check will be mailed to your home address.

If you have questions about reimbursable expenses, please contact your committee chairperson or class treasurer.

If you have questions about check reimbursement, please contact Soolynn Chang at (503) 936-6985.

Please put your completed form and receipts in the folder entitled Lower School Pal Treasurer in the lower school office or send to:

Soolynn Chang
24850 SW Stafford Summit Ct.
West Linn, OR 97068

To be filled out by PAL Treasurer:

Date paid: _____

PAL Treasurer Signature: