



**CHIEF SEALTH  
INTERNATIONAL  
HIGH SCHOOL**

**PTSA**<sup>®</sup>  
*everychild.one voice.*<sup>®</sup>

## PTSA Reimbursement Request Form

Receipt(s) or proof of payment on behalf are required for all reimbursement requests.

Complete form and email all copies of all receipts/attachments to [gaithermj@gmail.com](mailto:gaithermj@gmail.com) and [chiefsealthpta@gmail.com](mailto:chiefsealthpta@gmail.com) OR

Mail form and receipts to:  
 Chief Sealth PTSA  
 c/o Chief Sealth International High School  
 2600 SW Thistle St.  
 Seattle, WA 98106

|   |  |
|---|--|
| Your Name (Requestor)   |  |
| Date:   |  |
| PTSA relationship (board, donor, member, etc.)                          |  |
| Total amount requested to be reimbursed:                                |  |
| Category (e.g., music, athletics, name of school department or program) |  |
| Make check payable to:  |  |

Description of purchase:

Signature of Requestor (Typed signature is acceptable):

\_\_\_\_\_

*For Office Use Only:*

PTSA Payment Check Number: \_\_\_\_\_ Category: \_\_\_\_\_ Date \_\_\_\_\_