LA JOLLA COUNTRY DAY SCHOOL PARENTS' ASSOCIATION
Gala Expense Reimbursement / Non-reimbursement Form
GALA ONLY

1) Attach receipts for all items submitted (even if you do **NOT** want reimbursement). Checks cannot be issued without a receipt.

2) Please submit your reimbursement form **within 30 days** of the expenditure.

3) Sign and date your reimbursement form and submit for payment to **BARBARA MAISEL** . Form can be placed in the **PA MAIL SLOT** in the Receptionist's office on the 1st floor of the Library Academic Center.

Expenses Submitted By:_____ Date of Submission:_____

Mailing Address for reimbursement:

_____
Street Address

_____
City State Zip Telephone #

Date of Expense	Purpose	Check Payable To: *If you do NOT want to be reimbursed, please note this in the space below*	Amount
TOTAL AMT DUE:			

****

FOR AUCTION TREASURER'S USE:

CHECK#_____ AMOUNT $_____ DATE PAID_____