Lakeside Middle School PTA

3 Lemon Grass, Irvine, CA 92604

Disbursement Form

Date: _____ Check No.: _____

Make Check Payable to: _____

Address: _____

_____

Phone No.: _____

Two Signatures Required:

President: _____

Secretary: _____

Please Itemize bills per budget category and attach receipts to this form.
Incomplete forms will not be reimbursed.

Budget Category	Item Description	Amount
	TOTAL $	