



LOS ANGELES UNIFIED SCHOOL DISTRICT

REGION 16

DATE: _____

TO: LEE LEE CHOU, TREASURER

FROM: _____

SUBJECT: REQUEST FOR REIMBURSEMENT

Please make check payable to:

Telephone: (_____) _____

Reimbursement/Payment Purpose (make sure your conference attendance has been approved. Examples: Leg Action Day, State Conference)
State Committee Meetings and Delegate Assembly are covered by STATE ACSA.

Total Amount: _____

***** Receipt(s) must be attached to the *Request for Reimbursement Form* *****

Send to Request for Reimbursement Form and Receipt(s) to:
LEE LEE CHOU, TREASURER
LOCAL DISTRICT SOUTH
1208 MAGNOLIA AVENUE
GARDENA, CALIFORNIA 90247

Date Received _____

Date Sent _____

Paid by Check # _____

Amount _____