

# LTAPA Reimbursement Request

<>< ATTACH RECEIPTS >><

mail to: LTAPA, c/o Lansing High School, 300 Ridge Rd, Lansing, NY 14882  
email to: [LTAPA@lcsd.k12.ny.us](mailto:LTAPA@lcsd.k12.ny.us)

Date Submitted: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address / Payment Delivery Instructions:

\_\_\_\_\_  
\_\_\_\_\_

Total Dollar Amount: \_\_\_\_\_

Purpose and/or Description of purchase:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Information:

\_\_\_\_\_  
Reimbursement Paid on: \_\_\_\_\_

Check number: \_\_\_\_\_