

Wood PTA Reimbursement Request

Date Submitted: _____

Requested By: _____

Daytime Phone: _____

Event/Committee: _____

Evening Phone: _____

Description of Expenditure or Request for Funds: _____

Amount Requested: _____

_____ Receipt Attached

_____ No Receipt. Requestor certifies that the expenditures were made on behalf of the Wood PTA and are true and correct.

Make Check Payable To: _____

Return To: _____

(If check is to be mailed, please attach a pre-addressed stamped envelope.)

Requestor's Signature

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(FOR TREASURER'S USE ONLY)

_____ Request Approved as Presented

_____ Request Not Approved - Adjustment Description: _____

Check #: _____ Check Amount: _____

Date Issued: _____ Date Entered: _____

Expense Code: _____ Expense within Budget: _____

Treasurer's Signature: _____