

Woodlin PTA Reimbursement Request

Date Requested: _____

Amount Requested: _____

Check Payable to: _____

Mailing Address: _____

Please list items purchased and cost (use additional sheets if needed). **Please attach all receipts.**

<u>Items Purchased</u>	<u>Cost</u>
Total	

Purpose of purchase or PTA activity: _____

Person making request: _____

Signature of person making request: _____

Phone number: _____ Email: _____

Signature of Committee Chair: _____

Submit to PTA Treasurer Box in Woodlin Copy Room and/or mail to the PTA Treasurer.

For PTA use only:

Received _____

Check Number _____

Date Sent _____