

# Woodlin PTA Reimbursement/Expense 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>
<b>Total</b>	

Purpose of purchase or PTA activity: \_\_\_\_\_

\_\_\_\_\_

Person making request: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Committee Chair: \_\_\_\_\_

**Submit to PTA Treasurer Box in Woodlin Copy Room and/or email to the PTA Treasurer (treasurer@woodlinpta.org)**

For PTA use only:

Received \_\_\_\_\_

Check Number \_\_\_\_\_  
ST / CU

Date Sent \_\_\_\_\_