

WOODSIDE AVENUE SCHOOL PTA

Reimbursement/Check Request

* Reimbursement requests must be submitted within 14 days of the event/program.

* All requests must be accompanied by receipts/bills/supporting documentation.
We cannot reimburse expenses without the proper supporting documentation.

Send your completed form and supporting documentation to the WAS Main Office, Attn: LE CHANLEY, WAS PTA Treasurer, or email it to lechanley@hotmail.com.

YOUR NAME:		PHONE:	
EMAIL:			
PROJECT/CATEGORY:			
EXPENSE DESCRIPTION:			
CHECK PAYABLE TO:		AMOUNT:	
DATE SUBMITTED:	REIMBURSEMENT REQUEST		CHECK REQUEST
FULL ADDRESS (your check will be mailed to you):			

FOR TREASURER'S USE ONLY:

Date Pd	Check #	Check Amt \$
Category		Processed By