

Date: _____

Woodmoor PTSA Reimbursement Request

To be reimbursed promptly remember that:

- ✓ Reimbursement requests **MUST** have a receipt, invoice, or proof of payment paper clipped to the form. **NO EXCEPTIONS.** Receipts will not be returned.
- ✓ **TWO (2)** signatures required on the form. The second signature must be the PTSA committee lead(s) and he/she cannot be the spouse of the person making the request.
- ✓ Please allow up to 3 weeks to receive your reimbursement. All PTSA checks written require **two** signatures, so last minute requests may be difficult to fulfill.

Where purchased	Item(s) purchased	For what Budget/Committee?	Amount
			.
			.
			.
			.
			.
			.
			.
			.
			.
			.
Total amount being requested			\$.

Requested by: _____

Make check payable to: _____

Email Address: _____

Address: _____

Phone Number: _____

City, State, Zip: _____

Requestor Signature: _____

Committee: _____

Signature

Date

Committee Lead Signature: _____

For Treasurer's Use Only

Check #: _____ Date Paid: _____ Amount Paid: _____ QB Acct: _____