

# Wedgwood PTA

## Request for Reimbursement

Date of request: \_\_\_\_\_

Requested by: \_\_\_\_\_

Phone number or e-mail: \_\_\_\_\_

Total amount requested: \$\_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Please complete the following items:

- Check should be made out to: \_\_\_\_\_
- Address (if check should be mailed):

\_\_\_\_\_

\_\_\_\_\_

- Documentation (attach receipts and written clarification of items purchased if not obvious from receipts:

Thank you,

Wedgwood PTA Co-Treasurer

**NOTE: No reimbursement can be made without receipts**

For Treasurer's Use:

Date of Check: \_\_\_\_\_

Check Number: \_\_\_\_\_

Check Amount: \_\_\_\_\_

Budget Line Item: \_\_\_\_\_