



WEST END SCHOOL PTA



REIMBURSEMENT/INVOICE PAYMENT FORM

IMPORTANT: Attach original receipts, invoices or order forms. Please make copies before submitting. Reimbursement requests should be submitted to the Treasurer within 30 days of purchase. Requestor will receive reimbursement within 14 days of submission.

Budget Category: _____

Total Amount Requested: \$_____

Date(s) of Expense(s): _____

Date of Request: _____

Requested by: _____ Phone No.: _____

Payable to: _____

Description of expense(s)*: _____

Attached _____ Receipts _____ Invoice _____ Order Form
(If none available, Board approval is required.)

Authorized by Board Member or President: _____

Date approved: _____

Treasurer's Use

Date of Check: _____ Check # _____ Amount: \$_____

Received by: _____

Statement Date: _____ Treasurer's Signature _____

**If more room is needed, please list on reverse.*

