

Westlake Elementary School PTA Request to Utilize PTA Funds

Select Usage Type:

- ☐ Reimbursement Request
- ☐ Amazon Purchase
- ☐ Debit Card Usage Request
- ☐ Direct Payment to Vendor
- ☐ Other Request for Usage:

Please Provide the Following Information:

Date of request: _____

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Committee: _____

Select Method of Reimbursement:

- ☐ I will pick up my check at monthly PTA meeting.
- ☐ I have provided a stamped, addressed envelope.
- ☐ I will make other arrangements for pick up.

If NOT payable to requestor, please provide the
Payee Name and Mailing Address:

Description of expenses	AMOUNT:

IRS Identification No: 23-7256929	TOTAL DUE:	
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Please note: NO SALES TAX can be reimbursed. Please use the Tax Exemption form when making purchases. Please attach all receipts and supporting documents to ensure proper payment.

Treasurer Only -Gray Sections	Committee:	Amount:
Amount within budget? Yes No		
If No: Expense approved by Motion? Yes		
Date Passed: _____		
Check Number: _____		
Date Cleared: _____		

Approved: _____

Approved: _____