

Westmont High School PTSA

Request for Reimbursement Payment Authorization

Please legibly PRINT all information required

Name _____

Mailing Address _____

City/Zip _____

Telephone (_____) _____ E-mail _____

Make Check Payable To: _____

For Grad Night

What Group, Individual, Activity, or Event was this purchased for: _____

TOTAL TO BE REIMBURSED \$ _____

PLEASE ATTACH ORIGINAL RECEIPTS. Keep a photocopy for your Records.

Requester signature _____ Date _____

FOR PTA TREASURER USE:

- Membership-approved activity Funds released by membership
 Executive Board-approved expenditure

Check Number	Budget Item	Amount Advanced	Total Expenses	Amount Owed or Due

President's signature: _____ Date: _____

Date approved in minutes: _____ Secretary's signature: _____