

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

For Mini Grant

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL TO BE REIMBURSED \$ \_\_\_\_\_**

**PLEASE ATTACH 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: \_\_\_\_\_

Auditor initial: \_\_\_\_\_ Date: \_\_\_\_\_