

# Wood PTA Reimbursement Request

Date Submitted: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_

Event/Committee: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Description of Expenditure or Request for Funds: \_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \_\_\_\_\_

\_\_\_\_\_ Receipt Attached

\_\_\_\_\_ No Receipt. Requestor certifies that the expenditures were made on behalf of Wood PTA and are true and correct.

Make check payable to: \_\_\_\_\_

Return to: \_\_\_\_\_

Mailing address if applicable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Requestor's Signature

.....  
(FOR TREASURER'S USE ONLY)

\_\_\_\_\_ Request approved as presented

\_\_\_\_\_ Request not approved – Adjustment description: \_\_\_\_\_

Check #: \_\_\_\_\_

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

Date Issued: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Expense Code: \_\_\_\_\_

Expense within budget: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_