

**Westview PTSA
2021-2022**

CHECK REQUEST FOR REIMBURSEMENT/PAYMENT

Grad Nite Expense: Yes No

Name _____ Date _____

PTSA Position/Committee _____

Phone _____ E-mail _____

Budget Category	Description	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Amount Requested		\$ _____

Return check to me _____ Call when ready _____ Mail check to payee _____

Payable to: _____

Mailing Address: _____

Your signature _____

A receipt is required for all reimbursements. Please staple receipts to the back of this form.

Reviewed by _____
PTSA Recording Secretary Authorized Check Signer

FOR TREASURER'S USE ONLY:

Grad Nite Expenses only:

Signed _____

Reviewed by GN Financial Coord

Check # _____ Amount _____ Date paid _____

Signed _____

Date _____