

| |
|-----------------|
| Check # _____ |
| Amount _____ |
| Date Paid _____ |

Washington High School PTA
\$\$\$\$\$ Request for Expense Reimbursement \$\$\$\$\$

Date Requested: _____

Reimbursement Amount: _____

Committee/Budget Line Item: _____

Purpose of Expense: _____

Signature of Requester: _____

Make check payable to: Name/Co. _____

Address _____

Phone _____

****ATTACH RECEIPTS****

Please allow a week to ten days to process a check. If a check is needed immediately, please contact the treasurer.
Laura Gregory; PTA Treasurer
319-366-2128 laura.gregory@mchsi.com