



**Williams Township Elementary School PTA**

**PTA Reimbursement Form**

**PLACE FORM IN THE PTA MAILBOX OR MAIL TO WTESTREASURER@GMAIL.COM**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email (optional): \_\_\_\_\_

Submitting reimbursement for \_\_\_\_\_

Item	Purpose of Expenditure	Amount
<b>Total amount requested-</b>		

\_\_\_\_\_ Mail to Me (CHECK ONE)

\_\_\_\_\_ Send Home with my child

\_\_\_\_\_ Will Pick Up

Child's Name: \_\_\_\_\_

\_\_\_\_\_ Bring to the next meeting

Teacher's Name: \_\_\_\_\_

**\* ORIGINAL RECEIPTS MUST BE ATTACHED \***

(Photocopies of receipts returned by request only)

*Treasurer Use Only*

Receipts Received

Check # \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Split Check \_\_\_\_\_

Budget Line \_\_\_\_\_

Notes \_\_\_\_\_

Treasurer's Initials \_\_\_\_\_ President's Initials \_\_\_\_\_