## **Maywood PTSA Reimbursement Request Form**



Local Unit 2.6.40 www.maywoodptsa.org

14490 168<sup>th</sup> Avenue SE, Renton, WA 98059

PTSA President: president@maywoodptsa.org • PTSA Treasurer: treasurer@maywoodptsa.org

INSTRUCTIONS: Please complete the information below. Please attached receipts or bills to this form. All reimbursements are REQUIRED to have a receipt or bill for proper record keeping. Reimbursements will be processed as quickly as possible; please allow up to a week for the reimbursement to be completed. Please contact the PTSA Treasurer at treasurer@maywoodptsa.org with any questions.

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Requestor Name:		Date:	
Email address:		Phone:	
Committee/Officer/Sta	ff:	Budget Category:	
Pay To:		Amount Requested:	
Reason / Explanation, what the money was/will be used for:			
Method of Payment:	Pay Attached Bill / Invoice		
	Reimburse me at next meeting _		
	Other: Please describe:		
Requestor Signature:			_
For Treasurer Use Only			
Check Payee:			1
Check Number:			1
Check Date:			I
Check Amount:			I
Budget Category:			