

**West Mercer PTA
REIMBURSEMENT REQUEST**

Please attach receipts or invoices to this form. Amount requested \$ _____
(All receipts must be attached for reimbursement.)

Activity/Event: _____

Pay to the order of: _____

Requested by: _____

Mail to: _____

Phone #: _____

Date of Request: _____

Date Needed: _____

(Please allow at least one week for receipt of funds.)

Notify me via email when paid to a vendor. email _____

I certify to the PTA that I have been authorized by the Committee Chairperson of the event designated above to request reimbursement or payment from the PTA funds.

(Signature)

Details or Comments:

*****NOTE*****

Place request in the treasurer's file, located in the PTA office. Attach a self-addressed envelope. Additional forms and envelopes are located in the PTA office. Questions? Contact Becky Costello (236-9459) or Jennifer Sidney (232-3105)

For PTA use only

Paid Check # _____ Date Paid _____ Amount paid _____