Westlake High School PTO

PTO Bucks
Reimbursement Request

Teacher Name: _____

Dept: _____

Phone: _____

Email: _____

Home Address: _____

Date Submitted for Reimbursement: _____

DATE	DESCRIPTION	AMOUNT
	Total due	

Instructions:

* Original receipts must be attached to Reimbursement Request. Please list date, store/description, and amount for each receipt in the space above.

* The PTO has approved a maximum of $100/classroom for Fall 2019 total for ALL charges combined.

* One check will be written (not to exceed $100) when you turn in this form with attached receipts. WE DO NOT REIMBURSE SALES TAX.

* Please submit request by October 25, 2019 to whsptotreasurer@gmail.com or put this form and receipts in PTO TREASURER mail box.

Treasurer's Approval _____

Date Paid: _____

Amt. Paid: _____

Check No.: _____