



Reimbursement Request/ Payment Authorization

PLEASE ATTACH ALL RECEIPTS TO THIS FORM

Date Requested: _____ **Amount: \$** _____

Check Payable To: _____

Address: _____

Check Will be Distributed at the Next Monthly Meeting Unless Other Arrangements Are Made

Phone #: _____ **Email:** _____

Requested By: _____ **PTSA Position:** _____

Description of Expenditure: _____

(Please Check Expense Category)

Administration Expenses

- _____ Contingency/Miscellaneous
- _____ District Awards Dinner
- _____ Insurance/Assessment - IUCPTA
- _____ Memberships _____ x \$5.50
- _____ PTAEZ
- _____ Website Service

Fundraising Expenses

- _____ Test Prep
- _____ Other: _____

Student Program Expenses

- _____ Academic Teams
- _____ Freshman Class Donation
- _____ Honored Warrior
- _____ Legislative Action/Advocacy
- _____ RACC Fair
- _____ Reflections
- _____ Senior Awards
- _____ Senior Class Donation

Teacher/Classroom Program Expenses

- _____ Mini Grants
- _____ Teacher Appreciation
- _____ Technology

<p>Approved by:</p> <p>_____</p> <p>PTSA President</p>	<p>_____</p> <p>PTSA Treasurer</p>	<p>Check # _____</p> <p>Date: _____</p>
<p>This warrant was ratified and/or approved for payment by Executive Board or Association at a meeting held on _____</p> <p style="text-align: right;">PTSA Recording Secretary</p>		

Please Direct Questions to Treasurer@WoodbridgePTSA.org