

WEST HIGH PTSO

Helping to make West the BEST!



REIMBURSEMENT FORM

Please attach all receipts for reimbursement

Name _____

PTSO Position/Committee _____

Expenditure For _____

Include Committee and/or Pre-Approved Budget Line Item

List Items

- | | | | |
|----|-------|----|-------|
| 1. | _____ | \$ | _____ |
| 2. | _____ | \$ | _____ |
| 3. | _____ | \$ | _____ |
| 4. | _____ | \$ | _____ |
| 5. | _____ | \$ | _____ |

TOTAL EXPENSES \$ _____

Make Check Payable To _____

Please indicate preference for receiving check:

_____ Arrange Pick Up from Treasurer (Anne Emery, AnneLEmery@icloud.com, 865-679-6666)

_____ Mail Check to: _____

For Treasurer's Use Only

Check Date _____ Check # _____ Budget Category _____