

	Check # _____
	Amount _____
	Date Paid _____

Washington High School PTA
\$\$ Request for Expense Reimbursement \$\$

Date Requested: _____

Reimbursement Amount: _____

Committee/Budget Line Item: _____

Purpose of Expense: _____

Signature of Requester: _____

Make check payable to: Name/Co. _____

Address _____

Phone _____

****ATTACH RECEIPTS****
(staple or tape to the back of this request)

Please allow a week to ten days to process a check. If a check is needed immediately, please contact the treasurer.
Lijun Chadima: PTA Treasurer
319-270-4529; Lijun@chadima.org