

PARENTS & TEACHERS OF WAYNE

Reimbursement Request Form

IMPORTANT: All checks must be requested no earlier than thirty (30) days before and no later than fourteen (14) days after the event to which it pertains. Attach all receipt(s) totaling the amount of reimbursement to the back of this form; use additional sheets if needed.

NAME:	DATE SUBMITTED:
PHONE:	NAME OF EVENT:
REASON FOR REIMBURSEMENT:	DATE OF EVENT:
	AMOUNT:

IF DIFFERENT FROM ABOVE, MAKE CHECK PAYABLE TO:

PLEASE CHOOSE ONE OPTION.

Mail check to this address:

Street Address or PO Box

City, State, Zip

Send check home from school with my child.

Child's Name

Teacher/Grade

FOR TREASURER'S USE ONLY

Date Mailed: _____

Date given to teacher: _____

Included in annual budget

Account: _____

Approved at meeting on _____
Date

Check # _____ Date: _____

ITEMIZED RECEIPTS	AMOUNT	ITEM DESCRIPTION
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