



**Washington
Elementary
School
Parent-Teacher
Association**

For Treasurer's Use Only
Check Number _____
Date Paid _____
Amount _____

Date _____

I hereby request funds from the Washington Elementary PTA for (check one):

- Reimbursement Advance Payment of Bill

Committee or Project _____

Purpose/Use _____

Total Amount Requested \$ _____

Check Payable to _____

Send Check to _____

Signed _____ Phone _____

Please itemize expenses: Receipts attached yes no

 Bills attached yes no

Comments:

**Please submit to Treasurer within 2 weeks of date
that expenses were incurred**

Additional copies of this form can be found
in the Treasurer's Box outside the Office