

# SWHS PTSA

## Expense Reimbursement Form

Complete this form to request payment to another party or to be reimbursed for expenses incurred on behalf of SWHS PTSA.

Receipts must be submitted within 30 days.

Please attach supporting documents or receipts (copies okay)

Deliver this request to the SWHS PTSA Treasurer

<b>Budget Category:</b>	
<b>Description of Expense:</b>	
<b>Amount of Expense:</b>	
<b>Make check payable to: (Name and Address)</b>	

<b>Name of person requesting check:</b>	
<b>Phone (for treasurer questions):</b>	

<b>For treasurer use only</b> <b>Check Number:</b> <b>Check Date:</b>
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