

WESTGATE PTA EXPENSE VOUCHER

Date _____

Amount _____

Payable To _____

Committee _____

Signature of Person Requesting Reimbursement

Signature of Committee Chair

Attach all receipts and invoices.

Please return check via:

If no selection is circled, reimbursement will be sent via backpack mail.

Backpack mail—Child name and homeroom

PTA Mailbox (in main office)

Send to name & address on invoice

Reimbursement checks are dispersed weekly.

Thank you for your cooperation.

Samme Nowakowski, Westgate PTA Treasurer

Phone: (651) 269-9842

Email: westgateptatreasurer@gmail.com

For Treasurer's Use Only

Check # _____

Amount \$ _____

Date Paid _____

Account _____