

Wiener Hill PTA
Expense Reimbursement/Check Request Form

Date:	Total Amount Submitted:
Payable To:	Return Check Via: Teacher PTA Box Mail
Address (if to be mailed):	Teacher Name: _____ Wiener or Hill (circle one):

Reimbursement Detail		
Receipt Name	Budgeted Line Item	Amount Reimbursed
Total Amount of Receipts:		

Signature of Payee:

Signature of Treasurer (President if over \$100)

Treasurer

President (if over \$150.00)

For Treasurer Only	
Check #: _____	Date: _____

Please attached all back up receipts and/or invoices to this form. Checks cannot be written without proper documentation.