

Check #: _____	Date Paid: ____/____/____
FOR TREASURER USE ONLY	

Shawnee Mission Northwest PTSA
Request for Reimbursement
2019-2020 School Year

Make check payable to: _____

Mailing address if check to be mailed: _____

In the amount of: \$ _____

Date submitted: ____/____/____

Receipts must be submitted with this form!

Any requests without receipts must be approved by the executive board at their next meeting and will be delayed.

Committee or Budget Line	Receipt/Invoice From (Walmart, etc)	Description of Expense or Items Purchased (craft, prizes, snacks, etc)	Amount
TOTAL			\$

Comments:



Signature of person requesting reimbursement or payment (Phone #)

Questions? Contact Treasurer Pam Hale at psizedhale@gmail.com or text/call 816-536-5862

PLEASE STAPLE RECEIPT(S) TO THE BACK.