

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

Shawnee Mission Northwest PTSA
Request for Reimbursement
2020-2021 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.