

# Wyomissing Area PTA Request for Reimbursement/Payment Form

DATE \_\_\_\_\_ Committee \_\_\_\_\_

NAME \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please check one: \_\_\_\_\_ Reimbursement \_\_\_\_\_ Payment

Total Amount Requested: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Mail to: (name) \_\_\_\_\_

(address) \_\_\_\_\_

MEMO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note that all receipts and/or invoices must accompany this form to expedited processing. Forms received by the first of the month will be paid by the 10<sup>th</sup> of the month.**

Please forward form to: WYOMISSING AREA PTA  
110 Woodland Road  
Wyomissing PA 19610

ATTN: Erin Mays

Contact Erin Mays – [ernei11@hotmail.com](mailto:ernei11@hotmail.com) or [ptawyo@gmail.com](mailto:ptawyo@gmail.com) with questions or concerns.