

Wyomissing Area PTA Request for Reimbursement/Payment Form

Date _____

Name _____

Committee _____

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 expedite processing.

Please forward form to: Helen Stratton-Brown
 c/o Wyomissing PTA
 2026 Regency Drive
 Wyomissing, PA 19610

Please feel free to contact me with any questions/concerns at: strattonbrown@btinternet.com