

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

**Shawnee Mission Northwest PTSA**  
**Request for Reimbursement**  
2018-2019 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
<b>TOTAL</b>			<b>\$</b>

Comments:  
 .....  
 .....




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Signature of person requesting reimbursement or payment (Phone #)

Questions? Contact Treasurer Pam Hale at [psizedhale@gmail.com](mailto:psizedhale@gmail.com) or text/call 816-536-5862

***PLEASE STAPLE RECEIPT(S) TO THE BACK.***