WESTMONT HIGH SCHOOL PTSA
REIMBURSEMENT REQUEST FORM

PLEASE LEGIBLY *PRINT* ALL INFORMATION REQUIRED

YOUR NAME: _____
YOUR PHYSICAL HOME ADDRESS_____
YOUR CONTACT PHONE NUMBER_____
YOUR EMAIL ADDRESS _____

WHAT GROUP OR INDIVIDUALS WILL BENEFIT FROM THE ITEM YOU WILL BE PURCHASING_____
_____
_____
_____

WHAT WAS (IS GOING TO BE) PURCHASED _____
_____
_____
_____

WHAT WILL IT BE USED FOR _____
_____
_____
_____

DATE PLACE OF PURCHASE $ AMOUNT
_____
_____
_____
_____
_____
_____
_____
_____

TOTAL TO BE REIMBURSED_____

ATTACH ***ORIGINAL*** RECEIPTS TO THIS FORM.
WILL THIS BE THE ONLY REIMBURSEMENT FORM FOR THIS EVENT?
YES NO (CIRCLE ONE)

SIGNATURE OF REQUESTOR_____
DATE _____

PTA TREASURER CHECK NUMBER_____ AMOUNT_____