

West TV PTC Reimbursement Request

(Please staple receipts)

Date: _____ Amount: _____

Payable to: _____

Purpose (Specify teacher for Room Parent Expenses): _____

Please indicate how you'd like to receive your check:

Teacher reimbursements will be put in office mail cubby.

Mail to your address Address: _____

Via your child Child's Teacher: _____ Child's Name: _____

Pick up from the reimbursement pick-up folder in the office

For Treasurer: Initials: _____ Date Paid: _____ Check: _____

Budget Category: _____ Split: _____

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