

West Side School PTG
Expense Reimbursement Form

Name: _____ Date: _____

Phone: _____ Email: _____

Make Check Payable to: _____

Mail check to: _____

Please list expenses below along with either reason or budget category for the expense for tracking purposes. Attach ALL ORIGINAL receipts to this form and leave it in the treasurer folder up in the Main Office

Expenses to be Considered for Reimbursement:

DATE	DESCRIPTION OF EXPENSE	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Reimbursement \$ _____

I certify that all expenses listed above were incurred for the benefit of the West Side School and I am requesting to be reimbursed for these expenses.

Signature _____ Date: _____

Check # _____

Date Paid _____

Category _____