

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. **Please remember to use tax exempt form as taxes are not reimbursable.** Attach ALL ORIGINAL receipts to this form and leave it in the treasurer folder in the Main Office.*

Expenses to be Considered for Reimbursement:

DATE	DESCRIPTION OF EXPENSE	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<u>Total Reimbursement (Excluding Taxes)</u>		\$ _____

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: _____

FOR PTG USE {

Check # _____	Date Paid _____
Category _____	