W.T. Woodson High School PTSO

Request for Reimbursement/Disbursement for PTSO Expenses

Date: _____ Requested By: _____

Event/Purpose of Disbursement: _____

_____

_____

Make Check Payable To: _____
(Print Name)

_____
(Print Address)

_____
(City, State, Zip)

Date Check Needed: _____

(Receipts are required for all reimbursements. Please attach to this form and show receipts below.)

DATE	ITEM/PURPOSE	AMOUNT
	TOTAL:	

CHECK #: _____ Date Check Issued: _____