

WHS PTSO

Check / Reimbursement Request Form

To request payment or reimbursement of PTSO-approved expenses:
Please complete and sign this form and attach all receipts.

Expenses without receipts cannot be reimbursed.

Return the completed form to **Stacy Braatz**, WHS PTSO Treasurer.

- Email: wellesleyptso.treas@gmail.com
 - Deliver/Mail to **105 Suffolk Rd 02481** or PTSO mailbox at WHS
-

Your Name: _____

Date: _____

Email: _____

Phone: _____

Description of expense: _____

Committee/budget item to be charged: _____

Amount: _____

For check requests:

Check payable to: _____

Mail check to (address):

For debit card payments:

Faculty only - Please see Diane Zinck to process payment. Once payment is processed, this completed form together with a payment receipt must be forwarded to Stacy Braatz.

Date payment processed: _____

Name of Vendor: _____

Signature: _____

I certify that this is an approved WHS PTSO expense

Check # _____
Date Paid _____