

WAS PTO

Together We Can...

WESTERN AVENUE SCHOOL PTO REIMBURSEMENT FORM

Date of Request: _____

Make check payable to: _____

Your e-mail: _____ Phone number: _____

Item(s) purchased: _____	Amount: \$ _____
_____	Amount: \$ _____
_____	Amount: \$ _____
_____	Amount: \$ _____

Total amount to be reimbursed: \$ _____

Budget account or committee this should be charged to: _____

For classroom party reimbursement, please provide classroom: _____

WAS Parents: the check will be sent home via your child's Take Home Folder, so please provide the following information:

Child's name: _____ Child's grade/class: _____

Non-WAS / Vendors: please provide the following information:

Make check payable to: _____

Mailing address: _____

Please complete the form, attach ALL receipts, and forward to the WAS PTO Treasurer's mailbox (located in the WAS school office).

Reimbursements will be paid within 7-10 days after being received.

Western Avenue School PTO

1500 Western Avenue * Geneva, IL 60134
630-463-3500 * www.geneva304.org/was