**WMS PTSO**

**Check/Reimbursement Request**

Date:

Your name:

Phone/Email:

Check Amount:

Payable to:

Check mailing address OR check dropped off at school (give location)

Committee:

Special Instructions:

***For Reimbursements, receipt (s) totaling the amount of reimbursement must be attached.***

For Treasurer’s Use Only

Committee: Check #: Dated:

Attn: PTSO Treasurer

financeswmsptso@gmail.com

**Place in PTSO Treasurer box in the office along with your receipt(s)**