WOODLAND PARENTS CLUB

REIMBURSEMENT/CHECK REQUEST

WPC Member /Teacher Requesting

Name _____
Check Payable To: (if Applicable) _____
Address _____
(if Check to be Mailed). _____

Purpose _____
_____
Email _____
Phone _____
Child's & Teacher's Name _____

Dates

Receipt/ Invoice _____

Submittal _____

Date	Description	Amount			Sub-Total	TOTAL

Sub Total	
Subtract Advances	
TOTAL	

Notes

Signatures:

Requestor:		**For Treasurer Use only:**
Treasurer Approval:		**Date Paid:** _____ **ck#** _____ **By:** _____ **Entered:** _____
President Approval:		

Note: Receipts and/or invoice must be attached.