

Willow Hill Elementary PTO Reimbursement Form

Date: _____

Request From: _____

Check Written to: _____

Check Given/
Delivered/Mailed to: _____

Address: _____

Funds used for: _____

Receipt from	Description of purchase	Amount
Total		

Receipts must be attached for reimbursement.

Make a copy for your records.

Return this form to the WHO mailbox in the school office.

Below for WHO Treasurer use only

Check number: _____

Check Date: _____

Line item Category: _____