

Woodward PTC Reimbursement Form

Please complete form, attach receipt and submit to the PTC Mailbox **by the last Thursday of the month** to receive reimbursement at the next monthly PTC Meeting.

Request submitted by: _____

Date submitted: _____

REIMBURSEMENT

Check Payable to: _____

Amount Payable: _____

Teacher Acct Split: _____ Teacher Acct Split: _____

Teacher Acct Split: _____ Teacher Acct Split: _____

(please list all teachers names if expense is to be allocated among two or more teacher accounts)

Purpose of Expense: _____

FOR FIELD TRIPS ONLY:

Estimated Cost for Bus: _____

Teacher Acct Split: _____ Teacher Acct Split: _____

Teacher Acct Split: _____ Teacher Acct Split: _____

(please list all teachers names if expense is to be allocated among two or more teacher accounts)

Date of Field Trip: _____

For PTC Use Only
Date received: _____
Meeting Approval Votes: _____ Yes _____ No
Check No.: _____ Date: _____ Amount: _____
PTC Initial: _____