

## PTC Reimbursement Form

THIS FORM IS REQUIRED FOR ALL REIMBURSEMENTS Please  
ATTACH RECEIPTS and SUBMIT FORM to the school office  
WITHIN ONE MONTH OF EVENT DATE!

- ~Please note that you will only be reimbursed for what is LABELED on your receipt.
- ~For class parties you will be reimbursed for supplies and expenses up to \$5 per student
- ~Maximum dollar amount per classroom is \$100

For example: If you have 18 students, your reimbursable amount will be \$90

If you have 22 students, your reimbursable amount will be \$100

- ~Please allow up to 30 days for your reimbursement check before contacting the PTC

Treasurers

- ~Any questions, contact the PTC Treasurer at [wbptctreasurer@gmail.com](mailto:wbptctreasurer@gmail.com)

YOUR NAME: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

PAY TO THE ORDER OF: (IF DIFFERENT THAN YOUR NAME)

\_\_\_\_\_

REASON FOR EXPENSE/EVENT:

(IF CLASS PARTY, PLEASE FILL OUT INFORMATION BELOW)

\_\_\_\_\_

### CLASS PARTY

TEACHER'S NAME/GRADE: \_\_\_\_\_

CHILD'S NAME (If Applicable): \_\_\_\_\_

LIST OF ENCLOSED RECEIPTS AND AMOUNT REQUESTED FOR REIMBURSEMENT:

Retailer	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

### PTC RECORD OF PAYMENT

AMT PAID: \_\_\_\_\_

CHECK#: \_\_\_\_\_

DATE PD: \_\_\_\_\_

PAID BY: \_\_\_\_\_