

Westfield PTC

Request for Check or Reimbursement (circle one)

Date of Request: _____

Person Requesting Check: _____

Function/Committee: _____

Purpose of Check: _____

Make Check Payable To: _____

Address (if needs to be mailed): _____

Amount: _____ Signature of Requestor: _____

All original receipts must be attached to this completed form
Tax is not reimbursed. Please use the tax-exempt letter when making purchases
Please keep personal purchases separate from PTC purchases

Treasurer's Signature: _____

Date: _____

Check number Issued: _____

Amount: _____

Budget Category: _____