

Check #: _____	Date Paid: ____/____/____
FOR TREASURER USE ONLY	

**Shawnee Mission Northwest PTSA
Request for Reimbursement
2024-2025 School Year**

Make check payable to: _____

Mailing address if check to be mailed: _____

In the amount of: \$ _____

Date submitted: ____/____/____

Receipts must be submitted with this form!

Any requests without receipts must be approved by the executive board at their next meeting and will be delayed.

Committee or Budget Line	Receipt/Invoice From (Walmart, etc)	Description of Expense or Items Purchased (craft, prizes, snacks, etc)	Amount
\$			

Comments:
.....
.....



Signature of person requesting reimbursement or payment (Phone #)

Questions? Contact Treasurer Courtney Roberts at smnwptsa@gmail.com or 913-219-3862

PLEASE ATTACH RECEIPT(S)