

2019-2020 WMS PTO Check Request / Reimbursement Form

Urgent requests should be emailed with scanned receipts to:
treasurer.pto.wms@gmail.com

Date of request:	
Date payment is due:	
Make check payable to:	
Check / Reimbursement amount:	
Return check to: Mailing address:	
Requested by:	
Contact information (phone and email):	
Committee Line Item & Brief Description:	
Was this a budgeted item? If this request is not for a budgeted item, please contact treasurer.pto.wms@gmail.com prior to submitting.	

To submit this form, please print and mail with copy of receipts to :
WMS PTO
P.O. Box 81426
Wellesley Hills, MA 02481
A self-addressed, stamped envelope is helpful too. Thank you.