



Reimbursement / Payment Request Form

(* required fields, all others as applicable)

*Date of request: _____/_____/_____

Person requesting payment: _____

*Amount (total) requested: \$ _____

Note: A copy of the invoice / receipt must be submitted with this request form.

*Description of items and/or event: _____

*Make check/payment payable to: _____

(If this is for use of teacher funds for items *purchased by Woods School on your behalf*, write "Woods School.")

If the check needs to be mailed, please provide the mailing address:

Any additional notes / directions? _____

For FOWPTG Use Only:

*Request approved by (*FOWPTG treasurer or president*):

Signature & date

*Check date: _____/_____/_____

*Check #: _____