

Check #: \_\_\_\_\_

Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR TREASURER USE ONLY

Shawnee Mission Northwest PTSA  
**Request for Reimbursement**  
2023-2024 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
TOTAL			\$

Comments:

.....  
.....



Signature of person requesting reimbursement or payment (Phone #)

Questions? Contact Treasurer Jon Riekenberg at [yobtah@gmail.com](mailto:yobtah@gmail.com) or 913-387-9269

*PLEASE STAPLE RECEIPT(S) TO THE BACK.*