

WILDE LAKE MIDDLE SCHOOL
PTSA Disbursement FORM
For Teacher & Para only

Please complete & attach all receipts. Funds cannot be disbursed without receipts.
Requestor must be a WLMS PTSA Member to receive reimbursement.

Date Submitted:	
Pay to the Order of:	
Budget Account Name: Requestor must be a Teacher or Para-educator. Please check one:	<input type="checkbox"/> Teacher <input type="checkbox"/> Para-educator
Purpose and Details:	
Total Reimbursement Due:	<input type="checkbox"/> Teacher \$50 <input type="checkbox"/> Para-educator \$25
Check One: Requestor <u>Must be a WLMS PTSA Member</u>	<input type="checkbox"/> WLMS PTSA Member <input type="checkbox"/> Not a WLMS PTSA Member
Requestor Signature:	
Requestor Title/ Committee:	

(For office use only)

Reimbursement by Check Number:	
Date:	