



## Request for Reimbursement Form

Name of Payee: \_\_\_\_\_

Mailing address of Payee: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Purchase Approved by: \_\_\_\_\_

DATE PURCHASED	ITEMS PURCHASED	ACTIVITY	COST
Total Reimbursed			

DATE DONATED	ITEMS DONATED, (these items will be recorded for expense purposes but not reimbursed)	ACTIVITY Name	COST
Total Donated			

Please:

- Staple all receipts in the same order as the list above
- Circle relevant information on each receipt
- Mail form with receipts to either address below:
  - Shir Ami, WoSA Treasurer, 101 Richboro Rd, Newtown, PA 18940
  - Andrea Nissenbaum, 64 Kirkwood Drive, Newtown PA 18940