

# Williamsville East PTSA

## DEBIT REPORT

*(Please attach all Receipts)*

Name: \_\_\_\_\_

Signature of Purchaser: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ *(Note: PTSA will not reimburse tax)*

Date: \_\_\_\_\_

Committee Name:

Items Purchased : \_\_\_\_\_

Treasurer Use Only	
Account	_____
Amount	_____
Posted	_____

Request can be mailed or dropped in my mailbox:

Kerri Blake 179 Seabrook Williamsville, NY 14221

**Or:** Receipts can be scanned and emailed to [kblake36@roadrunner.com](mailto:kblake36@roadrunner.com)