

WILLIAMSVILLE EAST PTSA

Check Request

Date: _____

Check to be made payable to: _____

Check to be mailed to: _____

Amount (excluding sales tax): _____

Requested by: _____

Committee Name: _____

Event: _____

Reason for Request: _____

Note:

Please attach or email all receipts and support

Requests can be emailed, mailed or dropped in PTSA mailbox

Email: willeastptsa.treasurer@gmail.com

Mail to: WEHS
Attn: PTSA
151 Paradise Road
East Amherst, NY 14051

PTSA does not reimburse sales tax

Treasurer Use Only

Account: _____

Check #: _____

Amount: _____

Date: _____

Cashed: _____