



Woodrow Wilson High School PTA

Reimbursement Form

Date: _____

Committee Person: _____

Function / Committee: _____

Check to be made payable to: _____

Check to be _____ Picked Up

_____ Mailed to _____

Date needed by: _____

List Receipts/Invoices

Amounts

Total

Please attach receipts/invoices to request form and sent to:

Jennifer Lark, Treasurer
6255 Lakeshore Drive
Dallas, TX 75214
jenniferlark@yahoo.com
469-774-4217