

Westgate PSO Request for Deposit or Reimbursement

Please complete the appropriate sections below.

Request for a Reimbursement

Request for a Deposit  Deposit counted by: \_\_\_\_\_ (initial)

Deposit double counted by: \_\_\_\_\_ (initial)

Date: \_\_\_\_\_ Requester's Name \_\_\_\_\_

Please select an appropriate section below and provide a description in the area provided:

Teachers  Students  Fundraisers  Field trips

Library  Family Nights  Technology  Popcorn  Other

\_\_\_\_\_

Check made payable to: \_\_\_\_\_

Total: \_\_\_\_\_  
(Amount of check or deposit)

Phone # to contact with any questions: \_\_\_\_\_

Receipt attached: Yes  No  Staple receipt to request form

Check delivered: Teacher Slot  PSO Box  Mail to: \_\_\_\_\_

Please note that there is a minimum two week turn around on reimbursement checks. We can only pay for the amount of the attached receipt with items purchased for the event clearly designated. If you need immediate reimbursement please make arrangements before the event.

Thank you,  
Westgate PSO Treasurer