



# WEST SPRINGFIELD HIGH SCHOOL PTSA EXPENSE VOUCHER 2018-2019

- ✓ Allow 2 weeks to process the reimbursement request.
- ✓ Staple receipt(s) to the **back** of this request form. You must have receipts to be reimbursed.
- ✓ Include \$ amounts if selecting more than one account.
- ✓ Leave completed form in PTSA box in the school office or mail to:  
Lorraine Moore, 6608 Red Jacket Rd., Springfield, VA 22152 540-413-6251

## EXPENSE REIMBURSEMENT/PAYMENT REQUESTED:

### MEMBERSHIP

- \_\_\_\_ Membership Dues
- \_\_\_\_ Membership Expense

### ADMINISTRATION

- \_\_\_\_ Clerical
- \_\_\_\_ PayPal Expense
- \_\_\_\_ Forms Service Expense
- \_\_\_\_ Website Expense
- \_\_\_\_ PTA Insurance
- \_\_\_\_ PTA Leadership Conferences

### FUNDRAISING

- \_\_\_\_ Spartan Fest
- \_\_\_\_ CFC
- \_\_\_\_ Save the Art
- \_\_\_\_ ACT/SAT Practice Test
- \_\_\_\_ Commemorative Bricks

### SCHOOL SUPPORT/EVENTS

- \_\_\_\_ Hospitality
- \_\_\_\_ Scholarship for Success
- \_\_\_\_ PTSA Spartan Scholarship
- \_\_\_\_ Mini-Grants
- \_\_\_\_ Above and Beyond Awards
- \_\_\_\_ Staff/Teacher Appreciation
- \_\_\_\_ Parent Outreach
- \_\_\_\_ Clinic
- \_\_\_\_ Beautification
- \_\_\_\_ Baccalaureate

### PTSA MISC EXPENSE (Explanation)

\_\_\_\_\_

\_\_\_\_\_

### ALL NIGHT GRADUATION PARTY

- |                        |                                  |
|------------------------|----------------------------------|
| ____ Activities        | ____ Spartan Cards               |
| ____ Venue             | ____ Yard Signs                  |
| ____ Decorations       | ____ Directory                   |
| ____ Food              | ____ SAT/ACT Prep                |
| ____ Store             | ____ Postage/Admin Supplies      |
| ____ Raffle Prizes     | ____ Turn Over/Appreciation      |
| ____ Last Hour Raffle  | ____ PayPal Expense              |
| ____ DJ                | ____ Other Expense (Explanation) |
| ____ Caricature Artist | _____                            |
| ____ Money Machine     | _____                            |
| ____ Senior Gift       | _____                            |
| ____ Photos/Polaroids  | _____                            |
| ____ Lifeguards        | _____                            |
| ____ Custodians        | _____                            |
| ____ Fire Marshall     | _____                            |
| ____ Police Officers   | _____                            |
| ____ Filter Wizard     | _____                            |

Date Submitted:	Requested By:
Amount Requested:	Position:
Pay To:	
Mailing Address: <i>Include self-addressed stamped envelope if necessary</i>	Phone Number:



*To be completed by the Treasurer*

<b>Account:</b>
PTSA _____
ANGP _____

**Payment Date:** \_\_\_\_\_ **Amount \$:** \_\_\_\_\_ **Check/BillPay/PayPal #:** \_\_\_\_\_