

Windy Ridge PTA
Expense Reimbursement/Vendor Payment
2010 - 2011
(Please attach receipts or invoice)

Date: _____

Amount Requested: _____

Make check payable to: (Vendor Name or Committee Person)

Purpose: _____ **(purchased items)**

Budget Line: _____ **(line item)**

Date: _____ Check number: _____
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