

Walt Whitman High School PTSA  
7100 Whittier Blvd.  
Bethesda, MD 20817

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**CHECK REQUEST FORM / EXPENSE REIMBURSEMENT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone Number: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Amount of Reimbursement/ Invoice: \_\_\_\_\_

Description of Item(s) purchased: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Committee to be Charged: \_\_\_\_\_

Date Check is Required: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Your Signature: \_\_\_\_\_

**Please attach all receipts/ forms related to this expense and forward to the Treasurer's envelope in the PTSA mailbox at school or mail to:**

**Mario Finelli, Treasurer  
6613 Persimmon Tree Road  
Cabin John, Maryland 20818**

Check #: 

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Amount: 

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Date: 

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You are also welcome to contact me with any questions at [mario@mariofinelli.com](mailto:mario@mariofinelli.com)