

Woodfern Home School Association

Revenue Submission/ Expense Reimbursement/Invoice Payment Form

Date: _____

Committee/Activity: _____

Date of Event: _____

Committee Chairperson(s): _____

Name(s): _____ Phone: _____

Please check applicable box

Please note that the yellow areas MUST be completed.

Revenue/Income:

Total Coins: _____
 Total Currency: _____
 Total Checks: _____ (please attach log of check #, name and amount- see other side)
 Total Deposit:

Reimbursement:

Bills Submitted by: _____

Chairperson Approval: _____

Reimbursements will be sent home with your child. Please provide child's name and their teacher.

\$ Amount	Description
_____	_____
_____	_____
_____	_____
_____	_____

Total Amount to be Paid

Vendor/Invoice Payment:

Check payable to: _____

Vendor Invoice Address: _____

Itemized Expenses (receipts/invoices must be attached)

\$ Amount	Description
_____	_____
_____	_____
_____	_____

Total Amount to be Paid

for office use only:

Date Rec _____ Date Pd _____ Date dep: _____ Check # _____
 Acct Log _____ Budget _____