



# DeWitt Middle School Request for Reimbursement

**DeWitt PTA**

DEWITT MIDDLE SCHOOL  
560 WARREN ROAD  
ITHACA, NY 14850

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

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

Reason for Reimbursement: \_\_\_\_\_

Amount: \_\_\_\_\_

Receipt Attached:            Yes            No

If no receipt, please explain \_\_\_\_\_

Date Reimbursed: \_\_\_\_\_    Amount: \_\_\_\_\_    Check No.: \_\_\_\_\_