



## Reimbursement Request

Please complete the following:

Date of Request: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Amount of Reimbursement: \_\_\_\_\_

Breakdown of Expenses: \_\_\_\_\_

What Event is This Request for: \_\_\_\_\_

Name of Chair Person for this Event : \_\_\_\_\_

Select method of delivery:

I will pick up the check from the PTA mail slot in the Parish Center

Send the check home in the backpack of my oldest child. I agree to take any responsibility for any lost checks.

Mail the check to the following address:

\_\_\_\_\_

- Attach copies of Invoices/Receipts to this form
- Obtain the Event Chair Person's approval signature for your reimbursement request

Chair Person's Approval (Signature): \_\_\_\_\_

Submit this form to:

**DSCS PTA President:** Janine Morano

Email: janinemarie83yahoo.com OR

**DSCS PTA Treasurer:** Amanda Watry

Email: awatry16@gmail.com

DSCS President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DSCS Treasurer Signature : \_\_\_\_\_ Date: \_\_\_\_\_