

SHELTON PARENTS' ASSOCIATION REIMBURSEMENT/CHECK REQUEST FORM

SELECT OPTIONS:	<input type="checkbox"/> CHECK REQUEST (attach invoice)
	<input type="checkbox"/> REIMBURSEMENT REQUEST (attach receipts)
	DELIVERY OPTIONS: <input type="checkbox"/> MAIL <input type="checkbox"/> HOLD FOR PICK UP
	DATE CHECK NEEDED:

Your Name:	Committee:
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Phone:	Email:
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Check Payable to (if other than you):

Mailing address (if check is to be mailed):

EXPENSE CATEGORY/EVENT	ITEM DESCRIPTION	AMOUNT

Submitted by:	Date Submitted:	Total: \$
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Committee Chair Signature (Required):

Reimbursement cannot be made without corresponding receipts. SPA does not reimburse Sales Tax.

Please submit to Treasurer via the Mail Slot in the SPA Office or email to spa.treasurer@shelton.org.

SPA Treasurer Use Only	Date to Business Office:	Check #
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Shelton Controller Use Only	Date Received:	Date paid:
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