

SSA Senior School Volunteer Finance Form  
For Reimbursements, Payments and Deposits

Remit to:

Elizabeth Mendoza, [liz.dmf@gmail.com](mailto:liz.dmf@gmail.com)

SSA Senior School Parents Association Financial Officer

Shady Side Academy Senior School, 423 Fox Chapel Road, Pittsburgh, PA 15238

Today's Date: \_\_\_\_\_

Event/Activity: \_\_\_\_\_

Event/Activity Date: \_\_\_\_\_

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

For Deposits: Please total all checks and wrap all coins.

Check Total: \_\_\_\_\_

Currency Total: \_\_\_\_\_

Coin Total: \_\_\_\_\_

Payment/Reimbursement to be provided to:

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

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Notes/Description: \_\_\_\_\_

\_\_\_\_\_

Volunteer Name (Please Print): \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Please attach Original Receipts, keeping a copy for your records. Submission for reimbursement/payment must be made within **two weeks** of date of receipt. Thank you!

Reviewed by Elizabeth Mendoza Signature \_\_\_\_\_ Date: \_\_\_\_\_

Circle One:

Activities Income Account #02-422225

OR

Activities Expense Account #02-5260225