

SSA Country Day School Volunteer Finance Form
For Reimbursements, Payments and Deposits

Remit to:

Sarah Pitt, sarahmhpitt@yahoo.com

SSA Country Day School Parents Association Financial Officer
SSA Country Day School, 400 Christ Church Lane, 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 Sarah Pitt Signature _____ Date: _____

Circle One:

Activities Income Account #02-4222052

OR

Activities Expense Account #02-5260152