

Mark Day School Family Association 2022-2023
Reimbursement Request Form

Requestor Name: _____
Requestor Email: _____
Event or Program: _____
Expense Type: _____

Make check payable to: Requestor or Other (circle one)

Name: _____

Mail check to:

Address: _____

Brief description of items purchased:	Amount
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL:	<u>\$ - ***</u>

** If you are donating some portion of this amount to Mark Day School, please indicate the amount you'd like to donate: _____

Please attach receipts (required), sign/date below, scan via NOTES or scanner and send to mds.pa.treasurer@gmail.com

It may take up to 30 days between when you submit this form and when you receive payment Questions? Please contact Kirsten Peek at mds.pa.treasurer@gmail.com or 646-831-8527

Signature _____

Date _____

Treasurer Notes

Check #: _____

Given to Finance: _____

Expense category: _____

Date: _____