



## Upper St Clair Parent Teacher Council

### Reimbursement / Check Request

Date of request: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

<b>Budget Item/Event</b>	<b>Description of Expense</b>	<b>Amount</b>
		\$
		\$
		\$
		\$
<b>Total Reimbursement Amount</b>		\$

**\*\*Receipts MUST accompany this request\*\***

Submitted by:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Email Address

\_\_\_\_\_

Phone number

Please include a self-addressed, stamped envelope for your reimbursement to be mailed.

Reimbursement requests should be submitted within two (2) weeks following the conclusion of the event. No reimbursement requests will be accepted after June 20<sup>th</sup>.

Treasurer's Use Only:

Date Paid: \_\_\_\_\_

Check #: \_\_\_\_\_