

SSA Parents Association Volunteer Finance Form

For Reimbursements, Payments and Deposits

Remit to:

SSA Parents Association Treasurer
Shady Side Academy Business Office, 423 Fox Chapel Road, Pittsburgh, PA 15238

Event/Activity Date: _____

Event/Activity: _____

Expense Reimbursement or Vendor Payment:

*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!*

Total Amount: _____

Notes/Description: _____

Preferred Payment Method (please check one):

_____ Paper Check sent USPS mail

_____ ACH Digital Deposit (SSA AP Manager will call to collect banking information)

To be provided to:

Name: _____

Address: _____

Phone & Email: _____

For Deposits or Income to SSA: Please total all checks (cash and coins not accepted).

Check(s) Total: _____

Volunteer Name (Please Print): _____

Volunteer Signature: _____ Date: _____

(PA Treasurer: Circle an Account # below)

Please Check one	DIVISION	TREASURER	EMAIL	Activities Income Account #	Activities Expense Account #
	Senior School	Donna Weber	weber@weber.org	02-4222225	02-5260225
	Middle School	Jonathan Brown	jonathanjbrown@outlook.com	02-4222224	02-5260224
	Junior School	Ashley Elder	ashleyelderm@gmail.com	02-4222223	02-5260223
	Country Day	Hannah Parks	hannahparks76@yahoo.com	02-4222052	02-5260152
	Unified PA	Sarah Pitt	sarahMHpitt@yahoo.com	02-4222231	02-5260231

Reviewed by SSA Parents Association Division Treasurer:

Signature _____ Date: _____