



SHELTON PARENTS' ASSOCIATION REIMBURSEMENT & CHECK REQUEST FORM

SELECT OPTIONS:	CHECK REQUEST (Attach Invoices)	
	REIMBURSEMENT REQUEST (Attach Receipts)	
	DELIVERY OPTIONS:	MAIL HOLD FOR PICK UP
DATE CHECK NEEDED:		
Your Name:		Committee:
Phone:		Email:
Check Payable to (If other than you):		
Mailing address (If check is to be mailed):		
EXPENSE CATEGORY/EVENT	ITEM DESCRIPTION	AMOUNT
Submitted by:	Date Submitted:	Total:
Committee Chair Signature (Required):		
Reimbursement cannot be made without corresponding receipts. SPA does not reimburse Sales Tax. Please submit to Treasurer via the Mail Slot in the SPA Office or email to spa.treasurer@shelton.org		
SPA Treasurer Use Only	Date to Business Office:	Check #:
Shelton Controller Use Only	Date Received:	Date Paid: