

# SPIRIT PARENTS ASSOCIATION REIMBURSEMENT PAYMENT/REQUEST

SUBMITTED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_

REIMBURSE TO: \_\_\_\_\_

DATE OF EXPENDITURE	DESCRIPTION OF EXPENDITURE	\$ AMT	EVENT

**(PLEASE ATTACH ALL RECEIPTS TO THE BACK OF THIS FORM)**

TOTAL AMOUNT TO BE REIMBURSED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE NOTE: CHECKS WILL BE MAILED TO YOUR HOME UNLESS OTHERWISE SPECIFIED.**

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM OR REIMBURSEMENT,  
PLEASE CONTACT:

TOM TERESKY, TREASURER, 2008-09  
215-860-8352