

Expense Reimbursement Request for Payment

Request Date:

Your Name:

Your Address:

Board Position:

Event Name:

Event Date:

Expense #1

Vendor:

Amount:

Description:

Expense #2

Vendor:

Amount:

Description:

Expense #3

Vendor:

Amount:

Description:

Total to be reimbursed / paid:

Pay to the Order of (Payee):

Address to send check:

- ❖ Checks will be cut twice a month. Once in the middle, and once at the end. Please be sure to get receipts in on time -- within two weeks of the close of an event is best.
- ❖ Please notify treasurer if vendor needs to be paid at the time of the event.
- ❖ This form, along with receipts, should be mailed to:

Friends of Cutler School
% Treasurer
237 Asbury Street
South Hamilton, MA 01982