



Eastchester Middle School PTA Reimbursement/Vendor Payment Form

Program/Event: _____

Chairperson: _____

Name: _____ Date: _____

Telephone: _____

**Send reimbursement via:
(select one)**

Mail - Provide a self-addressed stamped envelope

Pay vendor directly. Address if not on bill/invoice:

 Other: _____

Amount: \$ _____

Special Instructions/requests:

Attach all receipts. We can not reimburse without a receipt. Please submit request within one week of event.

ALL REQUESTS MUST BE SUBMITTED NO LATER THAN JUNE 20, 2018

**Submit form to: Viviana Monasterio-Porpora
49 Maple Ave
Tuckahoe, NY 10707**

For Accounting Purposes Only

Date: _____

Processed by: _____

Check: _____

Budget Line: _____

Amount: _____