

For Treasurer's Use ONLY

Date received: _____

Date check provided: _____

Check #: _____

Forest Avenue SCA REIMBURSEMENT FORM

All receipts which will require reimbursements should be forwarded to the SCA Treasurer within 2 weeks of the event for which the transaction occurred.

1. Please fill out this form and the **Itemized Receipt Form** on page 2 completely.
- 2. ATTACH ALL RECEIPTS.**
3. Submit to the SCA Treasurer, Melissa Kandylas, via the Treasurer's Mailbox in the main office of the school or at her home (address can be found in the school directory). Any questions, please contact Melissa.

Today's Date: _____

Committee Name: _____

Event or purpose of purchase: _____

Amount Due: \$ _____

Name of Person being reimbursed: _____

Address: _____

Phone number: _____

PLEASE STAPLE ALL RECEIPTS TO THIS FORM.

Forest Avenue SCA

Itemized Receipt Form for Reimbursements

Activity/Event/Committee: _____

Submitted by: _____

Date of Receipt	Name of Store - Items Purchased	Receipt amount

Total Amount of Receipts for Reimbursement \$ _____