

Pinellas County Music Educators Association Reimbursement Form

Follow these directions to get a check:

- 1) Complete the form.
- 2) Attach ORIGINAL receipts to this page.
Pony to Christine Marr
Seminole Elementary

For questions, email marrc@pcsb.org

Name: _____
(yours; as it should appear on your reimbursement check)

Address/School/Location: _____
(yours; where you want to receive the check)

Vendor: _____
(where you purchased goods/services)

Purpose: _____
(Be as specific as possible. Which event or activity? For which person/group?)

Date: _____ **Total Amount Due:** _____
(When you purchased goods/services.)

Your email address: _____
(In case we need to contact you with any questions before writing the check.)

Accounts Payable Treasurer's Use only:

CK #: _____ **Issued:** _____

Amount: _____

Budget Line Item/Number: _____