

Pinellas County Music Educators Association Reimbursement Form

Directions

1. Complete this form
2. UPLOAD completed form and receipts to OneDrive
- 3) PONY original form and receipts to
Stephanie McNaughton,
Westgate Elementary, Pony Route B2
4. For questions, email: mcaughtons@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: _____