

**Park School Parents' Association
Check Request/Reimbursement Form for 2009-2010**

Please complete this form for check requests for vendors or for reimbursement of personal expenditures. **Please attach original receipts or invoices, clearly marked and totaled** and leave it in the Treasurer's mail box by the front desk or mail to me. Checks will typically be sent within one week of submitting this form.

Committee or Budget Category: _____

Description of Expenditure: _____

Amount: _____

Submitted By: Name: _____

Phone: _____

Email: _____

Date Submitted: _____

Date Check Needed By: _____

Check Payable To: _____*

Send Check To: Name: _____

Address: _____

* If payment to an individual is greater than \$600, please supply social security number and home address as Park must complete 1099 form for tax reporting.

Questions? Contact Lisa Pisano at 781-762-0632 (home), 617-823-4221 (cell) or collinspisano@comcast.net

Check No: _____
Date: _____