

John F. Kennedy School CAPT, Inc.
Reimbursement Form
2009-2010

Name:

Date:

Total Amount of Expense(s): \$ _____

Description of Expense(s):

Budget Category:	Amount:
Budget Category:	Amount:
Budget Category:	Amount:
Budget Category:	Amount:

Please pay to: (check one that applies)

_____ Direct pay to vendor. See attached invoice.

_____ Reimbursement of expenses for attached invoice or receipt.

Please make check payable to _____ and
mail check to my home address:

Submit either copies or originals of your receipts. Please keep copies of all receipts submitted in your committee folder.

Please either give this form to Sara Martin or mail it to:

Sara Martin
36 Fairview Road
Canton, MA 02021

If you have any questions, please contact Sara Martin at 781-828-5024 or marty22@comcast.net

Treasurer Use Only

Date Received:

Date Processed:

Total Amount:

Check Number:

Budget Category:

Delivery Method: Hand/Mail

****Please Note – Forms will not be approved without related receipts***