

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 Treasurer, Kendra Zalewski, at the Treasurer's mailbox in the main office or at 65 Oakridge Road. Any questions please contact Kendra at 973-571-9355 or **klzalewski@hotmail.com**

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.

