

SUMMIT PARENTS ASSOCIATION
REIMBURSEMENT FORM

Name: _____

Address: _____

Event: _____

Date of Event: _____ Today's Date: _____

Expenses/Disbursements
Invoices and/or Receipts MUST be attached for payment

Description (Item purchased/Amount):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

TOTAL AMOUNT: _____

Budgeted from:

Upper _____ Middle _____ Primary _____ Montessori _____ Other _____

Authorized Signature (Head Room Parent/Event Chair):

Contact Mag Joseph, SPA Treasurer, with questions at:
maggjo@aol.com. We request that you submit reimbursements
within 2 weeks of event.

Mag Joseph • 2887 Alpine Terrace • Cincinnati, OH 45208
Thank you!