



Anne Hutchinson PTA

Anne Hutchinson Elementary School
60 Mill Road
Eastchester, New York 10709

Expense Reimbursement/Vendor Payment Form

Program/Event: _____

Chairperson: _____

Name: _____ Date: _____

Telephone: _____

Send reimbursement via: (select one)

Backpack: Provide child's name/teacher/room number

Mail: Provide **self-addressed/stamped envelope**

Pay vendor directly: _____

Other: _____

Amount: \$ _____

Special instructions/requests:

Please attach all receipts. Submit from to "Treasurer" folder in PTA box located in Main Office.

For Accounting Purposes Only

Date: _____

Check: _____

Processed by: _____

Checking a/c _____

Account _____

Amount _____

Account _____

Amount _____

Account _____

Amount _____

Account _____

Amount _____