

UPPER SCHOOL PARENT ASSOCIATION

REQUEST FOR REIMBURSEMENT

• **Person to be reimbursed**

Name: _____

Email: _____

Address: _____

• **Description of expenses to be reimbursed**

○ **Event:** _____

○ **Date of Event:** _____

○ **Description of expenses:** _____

• **Total amount to be reimbursed (attach receipts):**

\$ _____

• **Department to be charged: #01-21100-314**

• **Authorization:**

Treasurer of USPA _____ **Date** _____

Signature of Treasurer

Please mail this completed form and receipts to the USPA Treasurer:

Ellen Volpe

250 Great Plain Avenue

Needham, MA 02492

Email: ellenhvolpe@gmail.com