UPPER SCHOOL PARENT ASSOCIATION

REQUEST FOR REIMBURSEMENT

• Person to be reimbursed

  Name: ____________________________________________________________
  Email: ____________________________________________________________
  Address: __________________________________________________________
                                                              __________________________________________________________

• Description of expenses to be reimbursed

  o Event: ___________________________________________________________
  o Date of Event: ___________________________________________________
  o 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