

**PINE-RICHLAND FIELD HOCKEY  
Committee Reimbursement Form  
2017 -2018 Fiscal Year**

**Date:** \_\_\_\_\_  
**Committee:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Reimbursement Check:**

- Pick up at next game/group event  
 Other (please indicate below)  
 Mail to:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Procedures:**

Tape the original detailed receipt for each purchase to the back of this form or to another sheet of paper. Please do not staple receipts to this form.  
 Circle or highlight the amounts on each receipt requested for reimbursement.  
 Place this completed form and receipts in an envelope addressed to the group Treasurer, and drop off to the treasurer or the group President.  
 Please photocopy your reimbursement request and receipts for your own records.  
**Committee members must submit their reimbursement request within 30 days of conclusion of the committee event.**  
 Reimbursement checks will be disbursed within 10 days of receipt.

Date of Purchase	Description (Vendor + Item Desc./Purpose of Expense)	Total Amount
<b>Total Due:</b>		

**Questions?** \_\_\_\_\_  
**Treasurer:** *PATRICIA O'CONNOR*  
**email:** patty.oconnor@icloud.com  
**Home:** \_\_\_\_\_  
**Cell:** 724-553-8360