



Reimbursement Form – for Parents and Chairs

Fill out and return to the Treasurer's Box in the main office.

Date: _____ Email: _____

Name: _____ Teacher: _____

Please reimburse me in the amount of \$ _____

Please pay the attached bill in the amount of \$ _____

**Please remember to attach corresponding receipts and/or bills*

Please charge the following committee:

(If charging more than one committee please indicate the amount next to each committee name)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Administrative Expenses <input type="checkbox"/> Allergy Awareness <input type="checkbox"/> Angel Fund <input type="checkbox"/> Apparel <input type="checkbox"/> Book Fair <input type="checkbox"/> Community Relations <input type="checkbox"/> Cultural Arts <input type="checkbox"/> Cultural Studies <input type="checkbox"/> Fall Festival <input type="checkbox"/> Fifth Grade <ul style="list-style-type: none"> <input type="radio"/> Graduation <input type="radio"/> Moving Up Party <input type="radio"/> Spirit Night <input type="radio"/> Trip | <ul style="list-style-type: none"> <input type="radio"/> Yearbook <input type="checkbox"/> Garden <input type="checkbox"/> Halloween Photo <input type="checkbox"/> Holiday Boutique <input type="checkbox"/> Hospitality <input type="checkbox"/> Ladies Night Out <input type="checkbox"/> Mets Tickets <input type="checkbox"/> Movie Night <input type="checkbox"/> PARP <input type="checkbox"/> Plant Sale <input type="checkbox"/> Pride in Port <input type="checkbox"/> Social <input type="checkbox"/> Staff Appreciation Lunch <input type="checkbox"/> STEM Night <input type="checkbox"/> OTHER (explain): _____ |
|---|--|

Please contact Treasurer Vicky Meraglia (victoriameraglia@gmail.com or 516-884-2908) with any questions.