

PRSA Buffalo Niagara Check Request/Expense Reimbursement Form

Date submitted: _____

Request from: _____

To whom should check be payable: _____

Where should check be sent?

Street: _____

City: _____ State: _____ Zip: _____

Amount: _____

Item(s): _____

Purpose: _____

Comments: _____

Reimbursement requests for purchases MUST be accompanied by original receipts.

Please submit all reimbursement requests to:

Michael Freedman
Office of Communications
P.O. Box 2039
Niagara University, NY 14109

or email mfreedman@niagara.edu.

For Internal Use Only:

Date received: _____

Check number: _____

Date paid: _____