

## 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:***

Justina Fetterly  
33 Inwood Place, Apt. 8  
Buffalo, NY 14209

Or email [jfetterly@csat-k12.org](mailto:jfetterly@csat-k12.org)

**For Internal Use Only:**

Date received: \_\_\_\_\_

Check number: \_\_\_\_\_

Date paid: \_\_\_\_\_