

Sheehan MPA
REQUEST FOR REIMBURSEMENT

Please complete the following form and attach all receipts for payment

Event: _____ Event Date: _____

Name: _____ Phone: _____

Address: _____

Amount: _____ Email: _____

Reimbursement detail (please include place of purchase, amount and what the items are for):

Signature of Requester: _____

Approval of Co-President or Vice –President: _____ *

Check # _____ Treasurer's Initials: _____

*If the Co-President is signing the check, that Co-President cannot approve the reimbursement.

Please mail to: Sheehan MPA
P.O. Box 4641
Wallingford, CT 06492
Attn: Treasurer/Co-President