



REIMBURSEMENT FORM

(UPDATED JUNE 2018)

Please print legibly and complete this form within 15 days of incurring expenses. Leave items blank if not applicable. **Your signature and the signature of the Chair or President are required and ITEMIZED RECEIPTS MUST BE INCLUDED.** Allow 7-14 business days for payment.

MAKE CHECK PAYABLE TO

EMAIL

PHONE

MAILING ADDRESS

(If a business address, include business name.)

REASON FOR REIMBURSEMENT

MILEAGE ROUND-TRIP

(Use in calculation below.)

REIMBURSEMENTS REQUESTED:

MILEAGE \$

(RT miles X \$.50/mile) **PLEASE INCLUDE A PDF MAP PRINTOUT OF YOUR TRIP WHEN REQUESTING MILEAGE REIMBURSEMENT.**

HOTEL \$

OTHER \$

EXPLAIN OTHER

TOTAL REQUESTED: \$

DATE

YOUR SIGNATURE

SIGNATURE OF PCACAC CHAIR OR PRESIDENT

ARE YOUR RECEIPTS AND MILEAGE MAP ATTACHED?

Whenever possible, the Chair responsible for planning should sign signifying approval of this request.

Please mail or email this SIGNED document with receipts to PCACAC Treasurer:

Libby Weith
Associate Director of College Counseling
St. Stephen's & St. Agnes School
1000 St. Stephen's Road
Alexandria, VA 22304
eweith@sssas.org

CHAIRS ONLY: Need the President's signature? Sign and mail or email to:

Jake Talmage
Director of College Counseling
St. Paul's School for Boys
P.O. Box 8100
Brooklandville, MD 21022
jtalmage@stpaulsschool.org

TREASURER'S USE ONLY:

Date:

Check#

Amount \$

Account