Pine-Richland Field Hockey Reimbursement Form 2019-2020 Fiscal Year

Date	Reimbursement Check:	Reimbursement Check: Pick up at next game/event Other - please indicate below Mail to:	
Committee / Eve	ent Pick up at next game/e Other - please indicate l		
Email			
Phone			
Complete the for	m below with Date, Description and Amount for each purchase.		
Attach the origin	al detailed receipt for each purchase to the back of this form or another sheet of pa	per.	
	at the amounts on each receipt requested for reimbursement.	-	
	receipts to PRFH Treasurer.		
	y your reimbursement request and receipts for your own records.		
Reimbursement	requests must be submitted within 30 days of conclusion of the event.		
Reimbursement	checks will be disbursed within 10 days of receipt.		
Date of Purchase	Description	Amount	

Questions? Contact PRFH Treasurer
Patty O'Connor

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