

Request for Payment

Check # _____

ETA

Eden Teachers Association
3150 Schoolview Road
Eden, NY 14057

If you need reimbursement from the ETA, please use this form. Complete items 1 - 4, attach receipts for the expenses incurred, and submit to Laura Feasley, Treasurer, at the High School.

1. Date _____ 2. Amount _____

3. Name of Payee _____

4. Reason for Payment _____

Please do not write below this line

Date Received _____

Budget Category _____

Date Processed _____

Check # _____

