

PAMKA

2012 - 2013 EXPENSE FORM

Committee: _____

Date of Event: _____

Name of Event: _____

Expense Description: _____

Amount: (without tax): _____

___ No reimbursement requested: the expenditure is a donation to PAMKA.

___ Please reimburse me.

___ Please pay vendor directly.

Note: PAMKA's tax exempt number is 237- 365 – 263
PAMKA does not reimburse sales tax
Please attach receipts for all expenses.
Please have this expense approved by committee chair/VP

Committee incurring this expense: _____

Signature of committee chair/VP: _____

Please make check payable to:

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Submit Approved Expense Reimbursement Form and receipts to:

PAMKA Treasurer
Kirsten Lockyer
67 Clinton Avenue
Montclair, NJ 07042
(973) 655-9830
lockyerfamily@verizon.net

Expense reimbursement forms are due within 60 days of the event for which the expense was incurred. End of school year expenses are due no later than June 15. Expenses received after 60 days are considered donations. Please attach receipts. Incomplete forms will delay processing.

For Treasurer's Use:

Date Paid: _____

Check #: _____

Account: _____