

# John Eliot PTC - Expense Reimbursement Form

- Name of the Event: \_\_\_\_\_
- Date of the Event: \_\_\_\_\_
- Requestor Name (as you want it to appear on the check) \_\_\_\_\_
- Requestor Phone: (     )     -
- Requestor Address: \_\_\_\_\_
- Budget Category: \_\_\_\_\_

**Please list Expenses incurred for this event by Vendor:**

Vendor: \_\_\_\_\_ Expense Amount: \$ \_\_\_\_\_

Vendor: \_\_\_\_\_ Expense Amount: \$ \_\_\_\_\_

Vendor: \_\_\_\_\_ Expense Amount: \$ \_\_\_\_\_

Vendor: \_\_\_\_\_ Expense Amount: \$ \_\_\_\_\_

Please submit this form with **all** expense receipts to the PTC Treasurer, **Carlos Argilagos** via:

**A) US Mail:** 26 Alfreton Road, Needham MA 02494 - **OR** -

**B) Electronic:** [treasurer@johneliotptc.org](mailto:treasurer@johneliotptc.org) *Please Scan all receipts and attach to your email*

Additional Comments & Instructions:

\_\_\_\_\_

*Please note: this form should be used to request reimbursement from John Eliot PTC Treasury for approved expenditures paid for by the requestor. All Vendor/Supplier/Artists INVOICES should be submitted directly to the PTC Treasury without any additional reimbursement forms attached.*

***Please keep a copy of this form for your records.***

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*Internal Use Only*

Date Processed: \_\_\_\_\_

Form Filed: \_\_\_\_\_