

SAN DOMENICO PSA

EXPENSE REIMBURSEMENT REQUEST FORM

(Please Print Clearly)

Name _____

Check Payable To _____
(If different from above)

Address (where check is to be sent) _____

Telephone Number _____

School Activity & Division (PS, MS, HS) _____

Form Completed _____ Approved By _____
Date Signature Date

Description of Item (Attach Supporting Documents)	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Reimbursement Requested:	<u>0</u>

Mail to:

**Jennifer Balmaseda
375 Valdez Avenue
San Francisco, CA 94127**

or

**PSA Treasurer
San Domenico School PSA Mailbox
1500 Butterfield Drive
San Anselmo, CA 94960**

Questions? Call Jennifer at 608-1065 e-mail jen@koswerks.com

Treas Use Only:

Form Received _____ Reimbursement Sent _____ Check # _____ Account _____