

School Association Reimbursement/Charitable Contribution Form

Directions:

1. Use this form to request reimbursement to you or to a request for payment to a vendor.
2. Please submit reimbursement requests *within 30 days of the event*.
3. Attach receipts for reimbursement to this form and make a copy of all receipts to attach to the Committee Budget Tracking Form and for your records.
4. For reimbursements, fill out the form **Parts I, II and III** completely.
5. For charitable contributions, please fill out **Parts I and IV**.
6. Send or fax completed forms to:

Nancy Montgomery
 27464 Altamont Road
 Los Altos Hills, CA 94022
 Fax: (650) 941-1407

Part I – General Information (please print) Committee _____

Today's Date _____

Event _____ Grade _____

Date of Event _____

Submitter's Name _____

Submitter's Address _____

Submitter's Phone () _____

Submitter's E-Mail _____

Part II – Expenses to be Reimbursed

Amount \$	Vendor Name	Description of Item
TOTAL\$		

Part III – Reimbursement Check Request Details (please print)

Total Amount Requested: \$ _____ Payable to: _____

(name)

Send to: _____

 (city, state & zip)

() _____

(phone number)

For internal use only: Date paid _____ Date mailed: _____ MSA Check # _____

Part IV – For Charitable Contribution (please print): The Menlo School Association thanks you for your contribution and for letting us know about it, as it better enables us to track costs from year to year.

Description of donation:

Value of donation: \$_____

Please provide the following information:

(name of donor)

(street name and number)

(city, state and zip)

(phone)