

PPTC Reimbursement/Payment Request

Please use one form per request and write all information clearly, completely, and accurately.

Name: _____ Date: _____ Day Phone: _____

Check payable to: _____ In the amount of \$ _____

Send to: _____

Name of Event/Activity reimbursement is for: _____

Date of Event/Activity: _____

Reason for Reimbursement (i.e.: postage, printing, hotel deposit, porta-johns, food, entertainment, etc.):

Category of expense: Special Event ExCom-related Telephone Committee other

Name of person authorizing reimbursement:

IMPORTANT: We must have the related receipts and/or other invoices WITH THIS FORM before making payment. Send paperwork to PPTC, 10378 Democracy Lane, Suite A, Fairfax, VA 22030, or fax to 703.691.0866. If no address is given, then check will be sent to the person requesting check.