

# Peekskill Faculty Association Reimbursement Form NON-Travel

Please attach all receipts

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Information required for processing of payment:

Date & Description of purchases:

	<u>Date</u>	<u>Description</u>	<u>Amount</u>
1			
2			
3			
4			
5			
		<b>Total</b>	

\_\_\_\_\_  
Signature of Member Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_ Check # issued: \_\_\_\_\_

Approved by