 EXPENSE REIMBURSEMENT / REFUND REQUEST FORM

REMIT TO: ELAINE HOPPER PSDPC TREASURER

16220 122ND AVE SE

RENTON, WA 98058

STARLAINEK9@MSN.COM

**PLEASE FORWARD ORIGINALS OR A PRINTED OR SCANNED COPY OF THE RECEIPTS ALONG WITH THIS FORM. EMAIL IS FINE AS LONG AS THE DOCUMENTS ARE LEGIBLE. PLEASE NOTE: PAYMENT WILL NOT BE MADE WITHOUT A LEGIBLE, PRINTABLE RECEIPT. NO CELL PHONE PHOTOS OR SCREENSHOTS AS THEY ARE NOT PRINTABLE. RECEIPTS MUST BE A FULL INVOICE AND NOT JUST AN ORDER CONFIRMATION.**

DATE VENDOR ITEM COMMMITTEE EVENT AMOUNT

**PLEASE PROVIDE THE TOTAL** $

PAYABLE TO:

ADDRESS:

CITY/STATE/ZIP:

**IF YOU PREFER A PAYMENT TO YOU VIA PAYPAL, PLEASE PROVIDE YOUR PAYPAL EMAIL ADDRESS:**

PAYPAL: