 EXPENSE REIMBURSEMENT / REFUND REQUEST FORM

REMIT TO:

**Charlotte Heinecke, PSDPC Treasurer**

**PO Box 1101**

**Freeland, WA 98249**

**or email to****csheinecke@gmail.com**

**Please forward originals or a printed/scanned copy of the receipts along with this form. Email is fine, as along as the documents are legible.**

**Please note: Payments will not be made without a legible receipt. Receipts must be an invoice and not the confirmation of order or delivery.**

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: