

# Park Tudor Parents' Association

7200 North College Avenue Indianapolis, IN 46240

Tax Exempt Number: 0111484111-000-1

## Expense Reimbursement Request Form

Committee: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_

Expenses: *An invoice or receipt is required for reimbursement and **sales tax cannot be reimbursed (Use the tax exempt # above).** Please submit within 30 days of event.*

Item	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

### Make check payable and mail to:

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

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Attach invoices and/or receipts and mail to:

Sue Russell  
10538 Coppergate Dr.  
Carmel, IN 46032