

# PAT Reimbursement Form

## Operating Activity

Date:

Committee:

Approved By:

Signed by Chairman

Name (Payee):

Mailing Address:

City, State, Zip:

Phone:

(Day)

(Evening)

Event:

Description/Amount:

\$

\$

\$

\$

\$

\$

Total Reimbursed:

(Check #)

\$

1. Attach All Receipts.
2. Complete Form.
3. Expenses must be approved and signed by Committee Chairman.
4. **ALL EXPENSES MUST BE TURNED IN BY MAY 31, 2009. NO EXCEPTIONS**
5. Forward to: Deborah Newman 3922 Cambridge Street, Jackson, MS 39216

\_\_\_\_\_  
PAT Treasurer's Signature