**NYSATA Region 6 Reimbursement Form**

**Instructions:** This form is to be used by individuals requesting reimbursement for personal funds used to support NYSATA activities or to initiate direct payment to a vendor invoice. To request payment, fill out the form and email or mail it to the Region 6 Treasurer. All receipts should be scanned and emailed with the request, or mailed to the treasurer with the completed payment request form.

|  |  |
| --- | --- |
| **Reimbursement Amount:** |  |
| **Person making request:** |  |
| Street Address  Town/Zip  Phone |  |
|  |
|  |
| **Pay to:** (blank if same as above) |  |
| Street Address  Town/Zip  Phone |  |
|  |
|  |
| Committee/Title: (budget line)  Region 6 CAAS (circle one) |  |

**Treasurer Use Only**

|  |  |
| --- | --- |
| Date received |  |
| Receipts attached (Y/N) or Invoice # |  |
| Date paid and check number |  |
| Amount |  |
| Delivery method |  |
| Treasurer Signature |  |
|  |  |

**Mail to:**

**MaryBeth Aldous**

**30 Southgate Rd.**

**Loudonville, NY 12211**