

# 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:

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\$

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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, 2018 & NO EXCEPTIONS**
5. Forward to: Elisa Phillips 4428 Deer Creek Drive Drive Jackson, Ms 39211  
(or put in PAT Box in the McRae Building)

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PAT Treasurer's Signature