



PTG Reimbursement Form

Event Name _____

Date of Purchase _____

Description of Purchase _____

Amount Requested for Reimbursement _____

List name and address below as a check will be cut and mailed to the address provided. Please allow up to 4 weeks for reimbursement.

Receipt of purchase must be included with this completed form and e-mailed to ptg@stfrancisaa.org for approval for payment.

Thank you, SFA PTG.