

## 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.

<b>Reimbursement Amount:</b>	
<b>Person making request:</b>	
Street Address	
Town/Zip	
Phone	
<b>Pay to:</b> (blank if same as above)	
Street Address	
Town/Zip	
Phone	
Committee/Title: (check one) <input type="checkbox"/> Region 6 <input type="checkbox"/> CAAS	

### Treasurer Use Only

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

**Mail to:**

**Josette Pastore**  
**Mayfield Elementary School**  
**80 N. Main St.**  
**Mayfield, NY 12117**  
**or digital scan pdf attachment: [pastore.josette@mayfieldcsd.org](mailto:pastore.josette@mayfieldcsd.org)**