

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 (check one) ___ Region 6 ___ CAAS	Purpose:

Treasurer Use Only

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

Mail to:

**Deb Anderson
NYSATA
363 Elm Avenue
Delmar, N.Y. 12054**

or digital scan pdf attachment: *debral.kowalski@gmail.com*