



# District 7300 Reimbursement Request

From \_\_\_\_\_ Date \_\_\_\_\_

Club \_\_\_\_\_ Phone \_\_\_\_\_

Committee/Authorizing Officer \_\_\_\_\_

Description / Comments / Cost

Check payable to \_\_\_\_\_

Send reimbursement check to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Pay by date, if not ASAP \_\_\_\_\_

PAY TOTAL AMOUNT \$ \_\_\_\_\_

Documentation for Reimbursement Payment:

Invoice attached       None Available       Expect Bill by Mail

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send request to: Heather Dieckmann, District Treasurer

SSB Bank

Email: [hjdieckmann@gmail.com](mailto:hjdieckmann@gmail.com)

8700 Perry Highway

Phone: 412-310-1308

Pittsburgh, PA 15237

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### To be completed by District Treasurer

Date received \_\_\_\_\_

Date entered \_\_\_\_\_

Date check issued \_\_\_\_\_

Check number \_\_\_\_\_

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