

# MCDONOGH

PARENTS ASSOCIATION

## Expense Reimbursement Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Event/Program Name: \_\_\_\_\_

Amount to be reimbursed: \_\_\_\_\_

Explanation of expense(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Event/Program Chair: \_\_\_\_\_

Please attach receipt(s) and mail to:

Treasurer, McDonogh Parents Association  
c/o McDonogh School  
8600 McDonogh Road  
Owings Mills, MD 21117