

# Plainview-Old Bethpage SEPTA / UNIT 10-444

## CHECK REQUEST / REIMBURSEMENT REQUEST FORM

**SUBMIT TO TREASURER:**

Marie Giulietti  
100 Floral Drive West  
Plainview, NY 11803

If you need assistance call 516-938-5273 or email [mgptaprez@aol.com](mailto:mgptaprez@aol.com)

Original copy of this form with original receipts stapled to the back of this form.

Itemized list (below) of expenses with description for each receipt.

Category/ Description _____	Amount _____
Category/ Description _____	Amount _____
Category/ Description _____	Amount _____
Category/ Description _____	Amount _____
Category/ Description _____	Amount _____
Category/ Description _____	Amount _____
Category/ Description _____	Amount _____
Category/ Description _____	Amount _____
Category/ Description _____	Amount _____
Category/ Description _____	Amount _____
Category/ Description _____	Amount _____

Date \_\_\_\_\_

Number of receipts: \_\_\_\_\_

Submitted by \_\_\_\_\_

Phone Number \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Check One: \_\_\_\_\_

I will pick up check

Please mail to: \_\_\_\_\_

Address \_\_\_\_\_