

PRSSA Funds Request / Expense Reimbursement Form

Date Submitted:

*\*Fund requests must be submitted 30 days in advance.*

Request From:

*\*Choose a chapter.*

Contact Name:

Email:

Where should the check be sent?

Enter Address:

*\*All checks will be made payable to the PRSSA chapter. Checks **will not** be made payable to individuals.*

Amount:

*\*Max request - \$250.00*

Purpose:

\*Reimbursement requests for purchases **MUST** be accompanied by original receipts.

\*Requests are subject to the approval of the PRSSA Liaison Committee.

\*Questions can be directed to Marcene Robinson, PRSSA Liaison at [marcener@buffalo.edu](mailto:marcener@buffalo.edu).

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**For Internal Use Only**

Date Received:

Check Number:

Date Paid: