



Request for Reimbursable Payment

Date: _____

Requestor: _____

Team: _____

Description of Request: _____

Payee: _____

Amount: _____

Address: _____

Please attach a copy of the receipt or additional information related to expense.

Approved by: _____

Mail to:

South Central Premier- Treasurer
c/o Nikki Kelly
115 Royal Oak Circle
Meriden, CT 06450

E-Mail to:

Nikki Kelly - Treasurer
nthomaskelly@sbcglobal.net