

# Fenn Parents Association Reimbursement / Deposit Form

1) Circle one:

A) **This is a Deposit of Funds** \*Attach Checks made out to Fenn PA only

B) **This is a Reimbursement Request** \*Attach Original Receipts or invoices.  
\*\*There is no reimbursement for Alcohol

2) Amount: \$ \_\_\_\_\_

3) Name of Event \_\_\_\_\_

4) For boys in Grade: \_\_\_\_\_

5) Your Name: \_\_\_\_\_

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

6) **\*\*For Reimbursements Only\*\***:

Pay to: \_\_\_\_\_

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

Phone: \_\_\_\_\_

*Bills/Invoices may be submitted via email or mailed to:*

*Rona Beetham  
9 Starr Avenue East, Andover, MA 01810  
[rbeetham@comcast.net](mailto:rbeetham@comcast.net)  
978/494-2388*

*Note: A picture of the receipt emailed is also acceptable (just please be sure to include the form)*