



## Piedmont Down Syndrome Support Network Reimbursement Form

Complete this form to be reimbursed for PDSSN approved expenses &  
**mail the form and all receipts** to Helen Johnson, PO Box 91, Pfafftown NC 27040

Member: \_\_\_\_\_ Submitting date: \_\_\_\_\_

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

**Category of Reimbursement:**

**Amount to be reimbursed**

<b>National conference (\$1500 limit)</b>	
<b>Local conference (\$500 limit)</b>	
<b>Advertising/Marketing</b>	
<b>BEES</b>	
<b>Buddy Walk</b>	
<b>Community Educational Programs</b>	
<b>Family gathering</b>	
<b>Guy's Night Out</b>	
<b>Ladies Night Out</b>	
<b>Lending library</b>	
<b>No Limits</b>	
<b>Playtime for Buddies</b>	
<b>ReAL</b>	
<b>Resource Notebook</b>	
<b>Self Advocates</b>	
<b>Sunshine Fund</b>	
<b>Other:</b>	

Members Signature: \_\_\_\_\_

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**Treasurer's action:**

Approved: \_\_\_\_\_ amount reimbursed on \_\_\_\_\_ (date)

Not approved \_\_\_\_\_ deferred \_\_\_\_\_