

**PATCHOGUE-MEDFORD
CONGRESS
OF TEACHERS
Union Reimbursement Form**

NAME: _____

ADDRESS: _____

SCHOOL: _____

DATE: _____

AMOUNT: _____

PURPOSE: _____

SIGNATURE_____

Kindly print all necessary information, enclose receipts and forward to Brian O'Neill at the High School. Any problems or questions, contact Brian at #687-6500 (or Math office#687-6867) or his home email address at Mromath@aol.com.