



PATCHOGUE-MEDFORD CONGRESS OF TEACHERS Union Reimbursement Form

NAME: _____

**HOME
ADDRESS:** _____

SCHOOL: _____

DATE: _____

AMOUNT: _____

PURPOSE: _____

SIGNATURE _____

Kindly print all necessary information, enclose receipts and forward to Laura DiLandro at Oregon Middle School. Any problems or questions, contact Laura at #687-6800, the Union Office at #475-8515 or her home email address at laura.dilandro@gmail.com.