



Piedmont Down Syndrome Support Network Reimbursement Form

Complete this form to be reimbursed for PDSSN approved expenses and submit **the form and all receipts** in one of the following methods: scan and email them to info.PDSSN@gmail.com, fax them to (720) 533-1327, or send them to PDSSN, Attn: Treasurer, PO Box 144, Pfafftown, NC 27040.

Member: _____ Submission date: _____

Address: _____

Category of Reimb: _____ Amount: _____

National conference	
Local conference	
Buddy Walk	
Dress Down for Down Syndrome	
Other Fundraising:	
Family Gatherings	
Ladies Night Out	
D.A.D.S. Group	
Community Educational Programs	
Sunshine Fund	
Business Operations / Supplies	
Marketing / Advertising	
Resource Notebooks/Gift Boxes	
Social Animals Group	
Next Chapter Book Club	
Exceptional Families	
No Limits II	
Other:	

Members Signature: _____

Treasurer's action:

Approved: _____ amount reimbursed on _____ (date)

Not approved _____ deferred _____