

***Payment Request***

NOTE: Sales Tax will NOT be reimbursed

Payable to: Date: Address: Phone #: Requested by:

Email Address:

* I’d like to be reimbursed via electronic transfer. Note that in order to use this option, you will need a bank account at one of the [following clearXchange banking institutions](https://www.clearxchange.com/receive/) and that can be associated with the email address specified above. If you do not select this option, then a check will be mailed to the address specified above.

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| **Item Description** | **Place of Purchase** | **Amount** |
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**Remember to email completed form and receipts to payments@steinerstars.org**

**For Treasurer’s Use Only**

Check Number:

Amount Paid:

Date Paid: