

IHM Home & School Association Expense Reimbursement Form

Instructions: Please complete this form and return it with the ORIGINAL receipt to Maureen Jeakle. Your completed form with receipt(s) can be sent via kidmail to Maddie Jeakle - Grade 3 (Miss Frey).
(The parish office requires the original receipt for reimbursement.)

Date Submitted: _____

Make check payable to: _____

Mailing Address*: _____

Submitted by: _____
(please print)

*all checks will be mailed or will need to be picked up via the parish office;
checks will **NOT** be sent home via kidmail

Date on Receipt	Paid To (Name of Store, Business, etc.)	Description	Committee	Amount
			Total Amount:	

Approval by Treasurer: _____

Date Sent to School office: _____

Approval by Principal: _____