

Expense Reimbursement Form

(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/Invoice	Paid To (Name of Store, Business, etc.)	Description	Committee	Amount
			Total Amount:	\$ -

Approval by Treasurer: _____

Date Sent to School office: _____

Approval by Principal: _____