

EXPENSE REIMBURSEMENT FORM

DATE		REQUESTED BY	
AMOUNT OF REIMBURSEMENT	\$	COMMITTEE	
PAYEE			
ADDRESS			

Remember to attach receipts.

DESCRIPTION OF EXPENSES

METHOD OF CHECK DELIVERY			
<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> School Mail	<input type="checkbox"/> School Office Pickup	<input type="checkbox"/> Parish Office Pickup
	Student:	<input type="checkbox"/> With Secretary	
	Classroom:	<input type="checkbox"/> In H&S Folder	

		(Please list which folder)	

FOR OFFICE USE ONLY			
Invoice #		Invoice Date	
Account #			
Approved By			