



**ST. THERESA
SCHOOL**

St. Theresa School Parents Club

Check Request or Expense Reimbursement Form

Payee Name: _____

Today's Date: _____

Address: _____

Committee/Event: _____

Amount: \$ _____

Budget #(if you know): _____

Description and Purpose of the Expense:

Submitted by: _____

Please Attach all receipts that support the amount requested OR DESCRIBE above the services provided by you and the reason for the reimbursement(i.e. parking substitute).

Expense Reimbursements must be submitted within 30 days that the expenditure has been incurred and must be submitted within 30 days of end of school year.

Please attach receipts and either submit in Red Folder in Parent's Club box OR

Scan complete package and email to dvanbeek100@gmail.com. ONLY email PDF's with the appropriate backup.

Check runs are typically done twice a month, the first week and the third week of the month. Please give at least 21 days for reimbursement depending upon when you submit them.

APPROVED: _____

Please Check one:

_____ **Mail to above Payee**

_____ **Place in Family Envelope Grade: _____**