# St. Augustin Home & School Association

## Reimbursement Request Form

Date: _____

Name: _____

Email/Phone: _____

Purpose of Expenditure: _____

Committee or Budgeted Program: _____

Committee Chair Approval: _____

Check Payable to: _____

Delivery: ___ Pick up in Office ___ Home with Child Name: _____

___ Other Grade: _____

| Description of Expense to Reimburse* | Amount |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total | |

*Receipts must be attached. Any requests submitted without receipts will be returned to you for supporting documentation.

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For Treasurer Use Only

Budgeted Item: YES or NO

If no, Date of Finance Committee Approval: _____

Account(s): _____

Check Date: _____ Check Number: _____

Check Amount: _____

Notes: _____

_____