



St. Theresa School  
Parents Club

# Reimbursement Request

Requestor \_\_\_\_\_ Today's Date \_\_\_\_\_

Committee/Event \_\_\_\_\_

Date of Expenditure \_\_\_\_\_ Amount to be reimbursed \$ \_\_\_\_\_

DETAILED description and purpose of expenditure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All receipts must be attached OR a signed statement declaring that no receipt is available and explaining the circumstances. Please staple or tape receipts to a separate 8½ by 11 sheet of paper (no loose receipts, please).

Reimbursement requests must be submitted no more than 30 days after the expenditure is made and within the same fiscal year (July 1-June 30).

I certify that: (1) the amount if the reimbursement requested represents bonafide expenditures made on behalf of the St. Theresa School Parents Club; (2) I received authorization to make the expenditure from the appropriate committee chair, President, Vice-President, Treasurer and/or Principal, if necessary; (3) adequate budget is available for these purchases.

Signed \_\_\_\_\_

Check should be (check one):

Sent to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Placed in the Family Envelope \_\_\_\_\_  
oldest grade

Treasurer Use Only	
App'd	_____
Date	_____
Budget	_____
Ck #	_____