

**ALL SAINTS CATHOLIC SCHOOL
PARENT NETWORK**

A new name with a renewed purpose

EXPENSE REIMBURSEMENT FORM

June 3, 2009

DATE: _____

AMOUNT: \$ _____

PAYEE/ADDRESS: _____

(Check will be made payable to payee)

RECEIPTS ATTACHED YES NO

If NO, please explain: _____

APPROVAL: The Board has approved this expenditure on _____ (date)
(Do not submit until approval obtained)

DELIVERY INSTRUCTIONS FOR CHECK:

(Check one)

_____ Mail directly to the Vendor

_____ Deliver to my child (name & class)

_____ Other (specify)

REQUESTERS NAME: _____

PHONE NUMBER: _____

Completed forms and receipts should be sent to the office or given to:
_____, Parent Network Treasurer

For Treasurer Use Only:

Acct. Name _____

Check Date _____

Check # _____

Check Amount \$ _____