



HOLY SPIRIT PARISH SCHOOL

REIMBURSEMENT EXPENSE FORM

PLEASE NOTE - Reimbursement Request Form guidelines:

- ✓ attach dated receipts
- ✓ obtain committee chairperson signature
- ✓ submit no later than 30 days after the activity/event or it will be considered a donation
- ✓ hold all submissions until the total is at least \$5.00 unless this is the only reimbursement request you are turning in for the named activity/event

DATE

SUBMITTED BY

ADDRESS

CITY STATE ZIP

ACTIVITY/EVENT

In lieu of reimbursement, please consider this a donation to HSPS. Please initial on the line

\$ _____

AMOUNT OF REIMBURSEMENT

MAKE CHECK PAYABLE TO

ADDRESS

CITY STATE ZIP

CHAIRPERSON SIGNATURE

DESCRIPTION OF EXPENSE

OFFICE USE ONLY

GL CODE

ACCOUNT

DATE OF CHECK

CHECK #

DATE MAILED