



SAINT ANN SCHOOL
— putting faith in education —

Reimbursement Request

HOME & SCHOOL ASSOCIATION

Your Name:		Phone:	
Project/Budget Category:			
Date Submitted:	Date Needed:	Date Mailed:	
Reason for Reimbursement:			
<input type="checkbox"/> Included in budget		OR	<input type="checkbox"/> Approved at Meeting (Date: _____)
Check Payable to:		Amount:	
Full Address (your check will be mailed to you):			

Receipt(s) totaling the amount of reimbursement must be attached.

Approved by:	Date:
Approved by:	Date:

For Treasurer's Use Only: Category _____ Check # _____ Dated _____ Logged _____