



## SJSPA REQUEST FOR REIMBURSEMENT

Date Submitted: \_\_\_\_\_

Committee/Purpose: \_\_\_\_\_

Chairperson: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Person to be Reimbursed: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please list all receipts and submit within 30 days of event.

Amount	Description	Vendor

Check to be sent through backpack mail:

For: \_\_\_\_\_

c/o Student's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Please staple or clip all receipts to this form and send to:

**Michele Nettesheim** % St. Joseph Catholic School Main Office