St. Brendan School

Home & School Association

EXPENSE REIMBURSEMENT REQUEST FORM

Requestor Name: _____

Date Submitted: _____

Total Amount: _____

Committee: (circle one)

Fund Raising
Communication
Nominating
Spiritual
Hospitality
Other
Publicity
Landscaping

Event Description: _____

Itemized Expenses:

	Date	Description	Amount	Receipt ** (Yes/No)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
		Total Amount		

**Note - All receipts must be attached to this form. If there is not a receipt, a written and signed explanation of the expense must be attached.

Requestor Signature: _____ **Date:** _____

Committee Chair Signature: _____ **Date:** _____

Treasurer or President Signature: _____ **Date:** _____

office use only:

Date Received _____ Money Disbursed by: _____

Amount Disbursed _____ Money Received by: _____

Date Disbursed _____ Signature: _____