

St. John the Evangelist Home & School Association
Request for Reimbursement

Requestor's Name: _____

Date of Purchase : _____

Purchase Amount: _____

****Please attach all receipts****

Description of Expense: _____

Requestor's Signature: _____

Approved by: _____

Event Chairperson

Approved by: _____

Mary Laidlaw Otto

Please note St. John's Home & School Association is sales tax exempt

**Please submit all request for reimbursement to the Principal's Office for approval.
Once approved, the request will be forwarded to the H&S Treasurer for payment.**

Paid	_____
Amount	_____
Check #	_____
Account	_____

Revised 10/1/2008