

ST. HILARY PARENTS ASSOCIATION
REIMBURSEMENT REQUEST FORM

For any expenses related to the activities of the Parents' Association, please complete the following information **in full**. Please remember to **attach all receipts**. **NOTE: If the form is received without receipt(s), NO reimbursement will be made.** All receipts must be turned in by June 30.

Name _____

Date _____

Phone Number _____

Email Address _____

Items/Services Purchased _____

Committee _____

Total Amount of Reimbursement Request as Documented by Receipt(s) _____

Send my reimbursement check via (Please choose one)

_____ Through the backpack

Child's Name _____ Room # _____

OR

_____ Mail to this Address: _____

Reminder: Please attach all receipts and return to the Parents' Association
"Treasurer File" located in the hallway outside the School Office.

DO NOT COMPLETE - TREASURER SECTION

Approved: Yes or No If no, explanation: _____

Check # _____

Date Sent _____