

**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: \_\_\_\_\_

\_\_\_\_\_

**Please attach all receipts and submit to the  
Business Manager at the Parish Office.**

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**DO NOT COMPLETE - TREASURER SECTION**

Approved: Yes or No If no, explanation: \_\_\_\_\_

Check # \_\_\_\_\_

Date Sent \_\_\_\_\_