



**Request for Expenditure Reimbursement**  
*To be Reimbursed you MUST include scanned copies of the ORIGINAL Receipt with your Request!!*

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

Check Payable To: \_\_\_\_\_

Amount to be Reimbursed: \$ \_\_\_\_\_

Brief Description of Expense:  
\_\_\_\_\_  
\_\_\_\_\_

Please Specify CLASS or Committee Funds Used For: \_\_\_\_\_

Email Address to contact you: \_\_\_\_\_

Mail/Deliver Check To: \_\_\_\_\_

***Unless you are a teacher or staff member with a school mailbox, you must provide a self addressed / stamped envelope (SASE). Teachers and staff will receive their reimbursement funds in their school mailboxes. All others will be sent USPS in the SASE they provide.***

\*\*Please email this completed form with copies of your original receipt(s) to the PTO Treasurer at [stpatptotreasurer@gmail.com](mailto:stpatptotreasurer@gmail.com). Please put your SASE in the PTO Mailbox located in the Parish Office. Please Allow up to 4 weeks to receive your check (Note: Checks not cashed after 6 months will not be reissued).

Questions? Contact PTO Treasurer: [stpatptotreasurer@gmail.com](mailto:stpatptotreasurer@gmail.com)

<p><b>For office use only</b></p> <p>Check # _____</p> <p>Acct # _____</p>
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