

# St Catherine School & Parent Club

## Check Request or Request for Reimbursement

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

Payable to: \_\_\_\_\_  
*(please print clearly)*

Address: \_\_\_\_\_  
*(required)*

School

Parent Club

**Account #**  
*(office use only)*

**Vendor Name/Item(s)/Purpose**

**Amount \$**

Account # <i>(office use only)</i>	Vendor Name/Item(s)/Purpose	Amount \$
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total \$ \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Mail check

Pick up check at school

Contact me at \_\_\_\_\_ when check is ready.  
*(email address)*

Turn form into Amanda Lucero at the school office. Please attach **original** receipts.

Note: Requests must be submitted within 60 days after the expense was incurred.