

St Catherine of Siena Parish & School
Check Request or Request for Reimbursement

Payable to: _____
(please print clearly)

Address: _____
(required)

Church School Parent Club

Account #	Vendor Name/Item(s)/Purpose	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total _____

Date Requested: _____

Requested by: _____

Approved by: _____ **Date:** _____

Mail check

Pick up check at school

Contact me at _____ when check is ready.
(email)

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.