

SACRED HEART SCHOOL PARENTS CLUB
REIMBURSEMENT FORM

Date: _____

Make check payable to: _____

Signature: _____

Mailing address: _____

Receipt / Invoice Name	\$ Amount
Total Amount to Reimburse	\$

* Please attach **original** receipts and make **your own copy** of this report.

Check the appropriate category below and provide the name of the event/item (i.e. Open House, Advent program, Back to School luncheon, Trunk or Treat, etc.)

_____ SHS Community Event: _____

_____ Hospitality: _____

_____ Teacher/Staff Appreciation: _____

_____ Volunteer Recognition: _____

_____ Other: _____

PLEASE RETURN THIS FORM TO SACRED HEART SCHOOL'S FRONT OFFICE