

Immaculate Conception School
Home & School Association

REQUEST FOR REIMBURSEMENT

Your Name: _____ Phone: _____

Activity/Project: _____

Check Payable to: _____ Amount: _____

Method of Delivery

Mail

Address: _____

Inter-Office

HSA/ICS: _____ Teacher's Mailbox _____

Backpack Mail

Child's name: _____ Teacher: _____

Itemized list of purchases/charges incurred

- | | | |
|-----|-------|--------------|
| 1. | _____ | Amount _____ |
| 2. | _____ | Amount _____ |
| 3. | _____ | Amount _____ |
| 4. | _____ | Amount _____ |
| 5. | _____ | Amount _____ |
| 6. | _____ | Amount _____ |
| 7. | _____ | Amount _____ |
| 8. | _____ | Amount _____ |
| 9. | _____ | Amount _____ |
| 10. | _____ | Amount _____ |

Total _____

Submitted by: _____ Date: _____

(Signature)

Note: Attach all original receipts or supporting documents

For Administrative Use Only:

Approved by: _____ Date: _____ Treasurers Initials: _____

Date Paid: _____ Check #: _____ Category: _____