

St. Alphonsus Home and School

Reimbursement Forms

Date _____

Amount _____

Event/Description _____

Budget Line Item _____

Check payable to:

Name _____

Address _____

Phone _____

E-mail _____

**Please attach receipts or invoices and forward to the
Treasurer's mailbox for reimbursement.**

**If this is not a pre-approved budgeted item, signature of the
Home and School president is required for reimbursement.**

Signature of Payee

Date

Signature of Home & School President

Date