

St. Mary Parents' Association  
**Reimbursement Request**

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Date Submitted \_\_\_\_\_

Check Payable to \_\_\_\_\_

Full Address \_\_\_\_\_

\_\_\_\_\_  
*Your check will be mailed to you.*

Date Mailed \_\_\_\_\_

Project/Account \_\_\_\_\_ Amount \$ \_\_\_\_\_

Reason for Reimbursement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Receipt(s) totaling the amount of reimbursement must be attached. In accordance with our Bylaws, this form and receipts must be submitted within 45 days of the event or the request will be denied.***

Approved by (PTO Officer) \_\_\_\_\_ Date \_\_\_\_\_

Approved by (PTO Officer) \_\_\_\_\_ Date \_\_\_\_\_

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For Treasurer's Use Only

Account \_\_\_\_\_ Check # \_\_\_\_\_ Dated \_\_\_\_\_ Logged \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_