



SAINT ELIZABETH ANN SETON
Catholic Church and School
10700 Aboite Center Rd. Fort Wayne, IN 46804



Reimbursement and Expense Request

Reimbursee Name: _____

Address: _____

Purpose of expense: Purchase Order # (if applicable): _____

Date	Description	(a) Total Mileage	(b) (a)*.60	(c) Lodging	(d) Food	(d) Other	(b+c+d) Total	Account Code
Total:								

Receipts must be attached to expense form.

Expenses/bills turned in by Noon on Wednesday will be reimbursed/paid on Friday under normal circumstances.

Please check one: _____ Mail check _____ SEAS Mailbox _____ Pick-up at School Office

Reimbursee Signature: _____ Date: _____

Approved by: _____ Date: _____

Bank Account to charge (circle one): Operations School Gaming Festival Cafe

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