

Our Lady of Fatima

Parent Teacher Club (use for Scrip, Fall Festival & Auction Expenses)

Expense Reimbursement Form

Please complete and return this form, along with your receipt(s) or invoice(s) attached, to the PTC box located in the school office. After receipt of this form, payment will be made. If you have any questions, please contact Tiffanie Ranta, 206-283-1203

Date: _____

For: _____

Amount: _____

Approval: _____

Make Payment To:

Name: _____

Phone #: _____

Mail Payment To:

Address: _____

OR

Include Payment in the OLF School Packet For:

| |
|------------------|
| For PTC Use Only |
| Date Received: |
| Date Paid: |
| Check #: |