



Our Lady of Fatima School

Expense Reimbursement Form

Please staple receipts or invoices to this form and return it to the school office

Date submitted: _____

What for: _____

Please check one expense account for posting:

8th	Field	Outdoor	Room	Teacher	Memory		
Grade ____	Trip ____	Musical ____	Ed ____	Parent ____	Speech ____	Fund ____	Book ____

If Room Parent expense, which teacher? _____

Amount: \$ _____

Make payment to: _____
(Please print name)

Mail payment to: _____

OR

Include payment in the OLF School Packet for the _____ family
(Your last name)

If questions, please call: _____
(Your phone number)

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FOR OFFICE USE ONLY

Approved by: _____
(Susan Burdett, principal)

Department Budget: _____