



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 Grade ___ Field Trip ___ Musical ___ Outdoor Ed ___ Room Parent ___ Teacher Fund ___ Memory Book ___

If Room Parent expense, which teacher?

Amount: \$ _____

Make payment to: _____

Mail payment to (please print):

OR

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

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

***** FOR OFFICE USE ONLY*****

Approved by: _____ (Principal)

Department Budget: _____