



# Our Lady of Fatima Parish School

## Expense Reimbursement Form

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

Date submitted: \_\_\_\_\_

Purpose: \_\_\_\_\_

Post to (circle):

field trip	class supplies	musical	room parent	workshop	speech	other: (specify)	
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If room parent expense, which teacher/grade? \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Make payment to: \_\_\_\_\_  
(please print name)

Mail payment to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

I will pick up reimbursement check from the school office.    \_\_\_\_ Yes    \_\_\_\_ No

OLF School staff reimbursement checks will be sent via interoffice mail.

If questions, please call: \_\_\_\_\_  
(your phone number)

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**FOR OFFICE USE ONLY**

Approved by: \_\_\_\_\_  
(Christopher Smith, Principal)

Department budget: \_\_\_\_\_