

ST. PAUL SCHOOL PTO REIMBURSEMENT FORM
(Please attach receipts)

Date: _____ Amount of reimbursement: \$_____.

Staff or person requesting reimbursement _____
(Please include phone # in case of any questions)

Check payable to (if different than above) _____

Committee or Activity name: _____

Description of item(s) purchased: _____

(ALL RECEIPTS MUST BE SUBMITTED NO LATER THAN 30 DAYS AFTER THE EVENT DATE)

Please indicate the following:

Please leave check in office for pickup

Please send check home with student: _____

*Please send form & receipts to St. Paul School Office, marked "Attn: PTO Treasurer"
Many thanks for supporting our school!*

*****Treasurer's Section*****

Check# _____ Date issued: _____ Category _____