

St. Paul's School Parents' Guild

Expense Reimbursement Request

Note: All requests for reimbursements must be made within 30 days of event. All expenses must be approved prior to being incurred.

Purchase Date	Event/ Budget Category	Description of Items Purchased	Activities Fee Request? Yes/No	Date Expense Approved	Amount
			TOTAL REQUESTED:		

ATTACH ORIGINAL RECEIPTS TO THIS FORM

Submitted By: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Approved By:

Date:

Date/Amount Paid:

Budget Remaining:

