Class Activity

Reimbursement Request Form

Date:	
Grade & Class:	
Teacher:	
Room Parent:	

Name: _____

Address: _____
(City) *(State)* *(Zip)*

Phone: _____ **Student:** _____
(Name and Class)

(Please number each attached receipt with the corresponding number from below.)

Store/Vendor	Description	Category*	Amount
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
		Total	

*Category types are *Class*=Class Activity, *Grade*=Grade Activity, *Gift*=Teacher Gift, or *Other*.

_____ _____
Room Parent Signature *Date*

Explanatory Notes *(if needed)*

Send disbursement via:
(check only one)

☐ home w/ Student *(listed above)*

☐ Mail to address *(listed above)*

Please submit this form, along with your original receipts, to the school office in an envelope addressed to **ATTN: Janet Reyda**. Mrs. Reyda (email: jreyda@sainttimothyschool.org) is the parish's Finance Assistant.

IMPORTANT: Please keep a copy of this form and a copy of the receipts for your records.