



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.