



Reimbursement Request

Please complete the following:

Date of Request: _____

Requestor's Name: _____

Amount of Reimbursement: _____

Breakdown of Expenses: _____

What Event is This Request for: _____

Name of Chair Person for this Event : _____

Select method of delivery:

☐ I will pick up the check from the PTA mail slot in the Parish Center

☐ Send the check home in the backpack of my oldest child. I agree to take any responsibility for any lost checks.

☐ Mail the check to the following address:

- Attach copies of Invoices/Receipts to this form
- Obtain the Event Chair Person's approval signature for your reimbursement request

Chair Person's Approval (Signature): _____

Submit this form to:

DSCS PTA President: Janine Morano
Email: janinemarie83@gmail.com OR

DSCS PTA Treasurer: Cathy Cuppan
Email: cathycuppan@gmail.com

DSCS President Signature: _____ Date: _____

DSCS Treasurer Signature : _____ Date: _____