

St. John the Evangelist Home & School Association
Request for Reimbursement

Payee's Name: _____

Date of Purchase : _____

Purchase Amount: _____

Please attach all receipts

Description of Expense: _____

Requestor/
Event Chairperson's
Signature _____

Approved by: _____
Home & School Treasurer

Approved by: _____
Ben Oberdorf

Please note St. John's Home & School Association is sales tax exempt

**Please submit all request for reimbursement to the Principal's Office for approval.
Once approved, the request will be forwarded to the H&S Treasurer for payment.**

Paid	_____
Amount	_____
Check #	_____
Account	_____

Revised 10/14/2021