

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: \_\_\_\_\_  
Mary Laidlaw Otto

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 Parish Office for payment.**

Paid	_____
Amount	_____
Check #	_____
Account	_____