



## Reimbursement Request DSCS Home and School

Fill out the following reimbursement information:

- Date of Request: \_\_\_\_\_
- Requestor's Name: \_\_\_\_\_
- Amount of Reimbursement: \_\_\_\_\_
- Breakdown of Expenses: \_\_\_\_\_
- Who should reimbursement check be made out to: \_\_\_\_\_

Select method of delivery:

- I will pick up the check from the Home & School mail slot in the Parish Center
- Send the check home in the backpack of my oldest child. I agree to take responsibility for any lost checks.
- Mail the check to the following address:  
\_\_\_\_\_

Obtain the Event Chair Person's approval signature for your reimbursement request:

- o What event was this expense for? \_\_\_\_\_
- o Name of the Chair Person of this event: \_\_\_\_\_
- o Reason for the identified expenses: \_\_\_\_\_

Chair Person's approval (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Submit this form with copies of Invoices/Receipts to:

DSCS Home and School President  
Mary Hamm  
Email: rmhammfamily@hotmail.com  
or  
DSCS Home and School Treasurer  
Mindy Tesker  
Email: mtesker21@gmail.com

DSCS President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DSCS Treasurer Signature: \_\_\_\_\_ Date: \_\_\_\_\_