



Reimbursement Request

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 PTA 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 PTA President: Mary Hamm

Email: rmhammfamily@hotmail.com

or

DSCS PTA Treasurer: Susan Urbaniak

Email: smurbaniak@gmail.com

DSCS President Signature: _____ Date: _____

DSCS Treasurer Signature: _____ Date: _____