

Date Paid: _____
 Amount: _____
 Check #: _____

**ST. THOMAS AQUINAS HOME SCHOOL ASSOCIATION
 REIMBURSEMENT FORM**

Instructions: All expenses must have receipts attached to this form and be pre-approved by the Event Chairperson(s) in order to be reimbursed.

Date: _____

Event: _____

Chairperson(s): _____

Details: _____

Retailer	Reason for Expense	Amount

Total Expense: _____

Reimbursement should be made payable to: _____

Submitted by: _____

Signed by: _____

Name of Chairperson: _____

Signed by: _____

Fundraising Chair: _____

Signed by: _____

Principal: Ms. Patricia Brady _____

Signed by: _____