

ST. DIDACUS PARISH SCHOOL

CHECK REQUEST/REIMBURSEMENT FORM

School Account Only

(NOT Requests/Reimbursements from PTG)

Date: _____

Requested By: _____

Purpose: _____

Check Payable To: _____

Amount of Check: \$ _____

Itemize: (If For More Than One Purpose)

Purpose:	Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL (Must equal amount of check)	\$ _____

PLEASE INCLUDE ALL RECEIPTS WHEN SUBMITTING REQUESTS FOR REIMBURSEMENT

_____ Leave Check for Me in Front Office

_____ Mail Check to:

