

St. Thomas More Parents' Club Check Request Form 2011 - 2012

Instructions:

- Complete Section I with Club/Function information Complete Section II and/or III with reimbursement information
- Attach all receipts taped or stapled to 8-1/2" by 11" paper
- Send original completed form and attached receipts to Carol Schivo, Treasurer , **Please do not submit an electronic version**
- Keep a copy for your records
- Please turn in within **two weeks of the end of the event.**

Section I: Club/Function Information	
Function/Area(s) of Expense	Date:
Submitted by:	Name & Grade of Oldest STM Child:
Phone:	Email:

Section II: Vendor Reimbursement (Please be as detailed as Possible)		
Description of item(s) or services (use additional pages if necessary). If you bought for several areas please provide percentages of breakdown.	Vendor Name and Address (indicate vendor mailing address)	Invoice Amount
		\$
		\$
		\$
		\$
		\$
		\$
Total Vendor Reimbursement Requested:		\$

Section III: Personal Reimbursement		
Description of item(s) or services (use additional pages if necessary). If you bought for several areas please provide percentages of breakdown.	Vendor Name (list each Vendor's name)	Amount
		\$
		\$
		\$
		\$
		\$
Less Cash Advance		\$
Total Personal Reimbursement Requested:		\$

Treasurer Use Only: Date of Reimbursement:

Check #: