

ST. DIDACUS PARISH SCHOOL

**CHECK REQUEST / REIMBURSEMENT FORM**

Date: \_\_\_\_\_

Requested By: \_\_\_\_\_

Purpose: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Amount of Check: \$ \_\_\_\_\_

**Itemize: (If For More Than One Purpose)**

Purpose	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL (Must equal amount of check)</b>	<b>\$ _____</b>

**PLEASE INCLUDE ALL RECEIPTS WHEN SUBMITTING REQUEST FOR REIMBURSEMENT**

\_\_\_\_\_ Leave Check for Me in Front Office

\_\_\_\_\_ Mail Check To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_