



HOME & SCHOOL ASSOCIATION

Reimbursement Form

Please fill out this form in its entirety *no later than a week post-event* and submit via email (including receipts) to lpawlowski@sspeterandpaulrc.org for processing and the HSA at HSA@sspeterandpaulrc.org for approval.

Please indicate which event the reimbursements are for (i.e. Parish Picnic, Catholic Schools Week, Auction). If reimbursements are needed across multiple events, please submit one reimbursement form for each event.

First Name:	
Last Name:	
Phone Number:	
Date Submitted:	

Event: _____

Store Name	Brief Description	Amount
GRAND TOTAL TO BE REIMBURSED		

For internal use only

Received By _____ Check# _____ Mailed on _____