

St. Denis—St. Columba School
Parent School Association

EXPENSE REIMBURSEMENT FORM

NAME: _____

DATE: ____/____/____

EVENT: _____

DESCRIPTION OF EXPENSE:

AMOUNT:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL EXPENSES TO BE REIMBURSED: _____

CHECK TO BE SENT VIA:

TUITION CHILD'S NAME: _____ GRADE: ____ ROOM # _____

HELD AT MAIN OFFICE FOR _____ TO PICK-UP

PLEASE COMPLETE THIS FORM AND WITH RECEIPTS RETURN TO:
"PSA TREASURER"
"KINDNESS OF THE MAIN OFFICE"

***Please submit this form within two weeks of purchase
and staple all receipts to the back of this form.***