

# St. Clare School Volunteer Reimbursement Form

Date Submitted \_\_\_\_\_

This statement is provided to determine the amount to reimburse a volunteer for individual expenses incurred while carrying out school-related activities. Please indicate your expense and check your computation carefully. Attach all ORIGINAL receipts.

**Reason for Expense** — *activity, place, date:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Item	Description	Total
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
<b>TOTAL:</b>		\$ _____

**Please print:**

Make check payable to \_\_\_\_\_, and

Send in care of grade \_\_\_\_ — **OR** — Mail check to (*name and address*) \_\_\_\_\_

\_\_\_\_\_.

**Volunteer Signature** \_\_\_\_\_ **PTC Treasurer Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Printed Name** \_\_\_\_\_

**For Parent Teacher Council Use Only:**

Line Item Charged \_\_\_\_\_ Description \_\_\_\_\_ Cost \$ \_\_\_\_\_

