

St. Clare PTC Expenses Reimbursement Request

Please fill out the form completely and attach all receipts to the back. Forms can be returned to Gwen Vroman's mailbox in the main office of the school.

Payable to: _____ **Date:** _____

Preferred Delivery Method:

Backpack with _____ care of grade _____.

Mail to address: _____

Other: _____

Reason for Expense:	Amount:	For office use only Acct Charged:
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Reason for Expense:	Amount:	Acct Charged:
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Reason for Expense:	Amount:	Acct Charged:
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Reason for Expense:	Amount:	Acct Charged:
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_____	_____	_____
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TOTAL: _____

Volunteer Signature: _____