

# SACRED HEART SCHOOL PARENTS CLUB PAYMENT/REIMBURSEMENT FORM

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

Make Check Payable to: \_\_\_\_\_

Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Receipt/Invoice Name	\$ Amount
<b>Total Amount to Reimburse</b>	<b>\$</b>

-Please attach **original** receipts and make **your own copy** of this report.

-Please check/provide event description. (i.e. Ice Cream Social, Teacher Xmas Gifts, etc.)

\_\_\_\_\_ Playmakers \_\_\_\_\_

\_\_\_\_\_ Hospitality: Event \_\_\_\_\_

\_\_\_\_\_ Teacher Appreciation: Event \_\_\_\_\_

\_\_\_\_\_ Parent Gifts: Event (i.e. Auction Chair gifts) \_\_\_\_\_

\_\_\_\_\_ Educational Speakers \_\_\_\_\_

\_\_\_\_\_ Water/Cup Expense \_\_\_\_\_

\_\_\_\_\_ Other: Details \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parents Club President or Playmaker Chair*

\_\_\_\_\_  
*date*

**Please return form to Parents Club Box in front office (or with Kerrv Wvman)**