

# St. John the Baptist Catholic School

## Family Participation Hours (FPH) Donated Items Claim Form

This form is to be used to request Volunteer Hours for donated items for school-sponsored events.

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Date	Type of Expense	Amount
Total		

You will receive 1 FPH for every \$15 spent with receipts. Total/15 = \_\_\_\_\_ hours

### ATTACH RECEIPTS TO THIS FORM AND SUBMIT WITH DONATIONS

This represents an accurate account of my expenses.

\_\_\_\_\_  
Name of volunteer

\_\_\_\_\_  
Signature of Auxiliary/Faculty/Staff  
Member Authorizing the Donation

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date