



St. Monica Catholic School Parent Club

Expense/Reimbursement Form

Date: _____ Amount: \$ _____

Payment requested by: _____ Signature: _____

Email address: _____
(if questions)

Payee: _____
(Name as it should appear on the check)

Please check the activity or class that the expense is related to:

Parent Club Activity

- Parent club meetings
- Fall Raffle
- Poinsettias & Wreaths
- Spirit Wear
- Spring Flowers
- Student Education programs
- Hunger Awareness
- Family Socials
- Faculty Appreciation
- Other

Classroom Funds

- Pre-Kindergarten
- Kindergarten
- 1st Grade
- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade
- 6th Grade
- 7th Grade
- 8th Grade

Please provide a description of the expense (**required**):

Please attach all receipts for the expenses to this form. A check will be written after approval from the committee chair or room parent. You will be notified when the check is available for pick-up in the school office (Treasurer's Folder).

For office use: PC
President to initial upon
approval of payment.