ST. IGNATIUS COLLEGE PREPARATORY

PARENT CLUBS
CHECK / REIMBURSEMENT REQUEST

PARENT CLUB: AALPA ☐ FATHERS' CLUB ☐ IGNATIAN GUILD ☐ SIPAC ☐

PAYEE INFORMATION:

FULL NAME _____ E-Mail _____

MAILING ADDRESS

_____

Address

_____

City, State, Zip

EXPENSE DESCRIPTION:

Attach ALL supporting documentation in one document (Ex: Receipt showing proof of payment)

AMOUNT	EVENT	ACCOUNT NUMBER *(to be filled out by SI ADMIN)*
	TOTAL	

All reimbursement requests must be approved by the appropriate Parent Club Treasurer, who will then send to the SI Special Events Manager.

REQUESTED BY:

_____ _____

Name *Signature*

PARENT CLUB TREASURER:

_____ _____

Name *Signature*

A.M.D.G.