

ST. JOAN OF ARC PTO REQUEST FOR REIMBURSEMENT

DATE: \_\_\_\_\_

\$ \_\_\_\_\_

Payee ( Name of Person/Company

- |  |  |
|--|--|
| <input type="checkbox"/> Power of Pen                | <input type="checkbox"/> Catholic School Week  |
| <input type="checkbox"/> Classic Read                | <input type="checkbox"/> Sunshine Gift         |
| <input type="checkbox"/> New Families                | <input type="checkbox"/> Hospitality           |
| <input type="checkbox"/> Donation                    | <input type="checkbox"/> Early Dismissal Lunch |
| <input type="checkbox"/> Art/Music                   | <input type="checkbox"/> Lamination            |
| <input type="checkbox"/> Graduation Books            | <input type="checkbox"/> Arc Newsletter        |
| <input type="checkbox"/> 8 <sup>th</sup> Grade Lunch | <input type="checkbox"/> Supplies              |
| <input type="checkbox"/> End of Year Picnic          | <input type="checkbox"/> Teacher Appreciation  |
| <input type="checkbox"/> Science Fair                | <input type="checkbox"/> Teachers Lunch        |
| <input type="checkbox"/> Halloween Party             | <input type="checkbox"/> Scholarship           |
| <input type="checkbox"/> Blossom Parade              | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Christmas Bazaar            | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Teacher Reimbursement       |  |
| <input type="checkbox"/> Playground                  |  |

Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Send to: \_\_\_ Company

\_\_\_ Name: \_\_\_\_\_  
\_\_\_ Address \_\_\_\_\_  
\_\_\_ City \_\_\_\_\_  
\_\_\_ State/Zip \_\_\_\_\_

\_\_\_ School \_\_\_ Grade \_\_\_\_\_