

St. Louis de Montfort Reimbursement Request PTO

Name: _____
 Address: _____
 (New address? Check box.) _____

Date Check Needed: _____
 Expense Effective Date: _____

(Please submit 2 weeks prior to date check is needed)

Part A: Expense reimbursement

Reimbursements will not be processed without supporting receipts for purchases. Sales tax will NOT be reimbursed. Please obtain a tax exempt certificate from your supervisor to avoid paying sales tax.

ALL REIMBURSEMENTS MUST BE SUBMITTED BY THE END OF THE MONTH IN WHICH THE EXPENSE OCCURS

Choose from the following Activity Codes:

221 Live Strong Day	238 8th Grade Graduation Brunch	249 Everyone Counts Day (Disabilities)
222 Poinsettias/Spring Flower Sale	239 General Mills/Boxtops	250 Fine Arts Night
226 Directory Sales	241 Cultural Enrichment	251 Muffins with Mom
229 Movie/Trivia/Gym Night	242 Tool Box Supply	252 Generations Day/Guest Day
232 Donuts with Dad	244 Staff Appreciation	253 Santa Shop/Elf Shelf
234 Ice Cream Social/Back to School	245 Public Relations	254 Historian/Scrapbook
235 Adopt A Soldier	246 Hospitality	255 First Communion Reception
236 Catholic Schools Week	247 After School Enrichment	257 Student Council Support
237 Field Day	248 Sonshine Committee	

*****See List of Accounts Tab for Coding*****

Date of Expense	Description of Expense	Ministry	Program	(see above) Activity	General Ledger Account # (see list)		Amount to be reimbursed	Receipt Attached?
		2	290					
		2	290					
		2	290					
		2	290					
		2	290					
TOTAL								

Submitted by: _____ Date: _____
 Approved by*: _____ Date: _____
 Approved by*: _____ Date: _____

***All Reimbursements must be approved by the PTO Treasurer and Principal before being submitted to Accounting.**

Received by: _____ Date: _____
 Processed by: _____ Date: _____