

# 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: \_\_\_\_\_