

ST. DOMINIC SCHOOL
Expense Reimbursement Form

PLEASE NOTE Receipts must be affixed to 8 1/2 x 11 paper and attached to this form.

Payable To: _____

Address: _____

Event : _____ **Date:** _____

Description of Purchases	Store/Vendor	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL

Total Amount Requested _____

Requested By _____

Today's Date _____

Authorized By: _____

Date: _____

Account: _____

Check # _____