



**Mount de Sales Academy
Parents' Club
Expense Reimbursement Form**

DATE: _____

EVENT/COMMITTEE: _____

COMMITTEE CHAIRPERSON: _____

For Deposits Only ~ Please use a **School Deposit Slip (located in Business Office and Academic Building)**. Instructions: Account Name ~ Include Parents' Club with your event or committee name; provide totals of cash and checks on separate line items and add together for subtotal amounts; sign as depositor/include total amount of deposit. Do not tear apart as yellow copy will be returned after deposit has been made by Toni Carter in the Business Office. For Credit Cards: Submit separately to Wanda Byrd in the Business Office.

EVENT/COMMITTEE EXPENSE:

******* ORIGINAL RECEIPTS/INVOICES MUST ACCOMPANY REIMBURSEMENT REQUEST *******

If Event Contract is attached that requires a down payment (deposit), please highlight the amount to be paid at this time.

REIMBURSEMENT AMOUNT(S): (1) \$ _____ (2) \$ _____ (3) \$ _____

DESCRIPTION: _____

PAYABLE TO:

| | |
|---------------------|---|
| <u>Name:</u> | <u>Address/Phone (Required):</u> |
| (1) _____ | _____ |
| (2) _____ | _____ |
| (3) _____ | _____ |

EVENT/COMMITTEE CHAIRPERSON SIGNATURE (Required for Reimbursement):

RETURN THE REIMBURSEMENT FORM AND RECEIPTS TO MOUNT DE SALES ACADEMY C/O PARENTS' CLUB within 2 weeks of expenditure, if possible. Questions: Please contact Bev Blake at blakehome@verizon.net



Parents' Club Officer Use Only

Date Received: _____

Approval to Process Payment: _____

(Signature)

Checks are mailed to address listed above, unless Business Office approves of method below.

Special Instructions: (e.g., "Place in PC mailbox for hand delivery.")

