Corpus Christi School
Order/Reimbursement Form

☐ **Requesting a Purchase**	**Authorized By:**
	Date:

Name:

Vendor (if applicable):
Purpose:

Item Description	**Quantity**	**Price**
TOTAL		

_____ Please consider this a donation in kind and send me receipt for tax purposes

_____ PSA

_____ Auction

_____ Class Fund ( ) Grade

_____ Internal School Request

☐ **Requesting Reimbursement**	Authorized By:
	Date:

Office use only
Account #:
Date paid:
Check no.: