



# ASSUMPTION SCHOOL

## Request for Reimbursement

Date of request: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

1. Complete this form.
2. Attach original receipts. Tape receipts smaller than this form to a piece of white paper. Multiple receipts may be placed on the same page. Please make sure to indicate specifically which amount on the receipt is being requested for reimbursement and note the corresponding number as listed below.
3. Return to the school office for approval.
4. The principal reviews, approves and forwards to our bookkeeping service, Armanino, for payment. Payment takes 7 - 10 business days.
5. Receipts submitted more than 60 days from the date of the expense may be considered unreimbursable.

Line	Date of Expense	Expense Description	Grade	Amount	Office use only: Account #
1					
2					
3					
4					
5					
6					
7					
<b>Total:</b>					

Office use only: Check # \_\_\_\_\_ Date Issued: \_\_\_\_\_

Approved by Lana Rocheford, Principal: \_\_\_\_\_