



ST. BERNADETTE PTU REQUEST FOR FUNDS/REIMBURSEMENT

Submitted by: _____

Date Submitted: _____

Event Name: _____

Description Of Items Purchased: _____

Amount Requested: _____

Check One: _____ Volunteer Reimbursement (Receipts Attached)

_____ Pay Direct (Submit invoice to vendor)

NOTES:

1. *Please submit this completed form with an invoice or receipts to the St. Bernadette PTU Treasurer within 30 days of purchase.*
2. *Use Tax Exempt Certificate -**Tax will not be refunded***
3. *Original Receipts Must Be Attached - Reimbursements cannot be without a receipt*

For Treasurer Use Only

Date Paid: _____ Amount Paid: _____

Check Number: _____

Comments: _____
