

Saint Andrew School Home and School Association

Request for Reimbursement Form

(please print)

Name: _____ Date: _____

Phone #: _____ email: _____

Check Payable to: _____ Child's Grade & Homeroom: _____

Event(s)	Item(s)	Amount(s)
		\$
		\$
		\$
		\$
		\$
		\$
Total		\$

- Please staple all receipts to the back of this form. Please note that multiple events/reimbursements may be placed on one form if the check is being made payable to the same person.
- Please allow one week for reimbursement. Unless specified, reimbursement will be sent home via child noted on form via interschool mail.
- Send form and receipts in an envelope to Saint Andrew School Office c/o Home and School Treasurer: Melissa Myers, melissadietromyers@gmail.com or 610.662.9903.

.....

Treasurer Information:

Check #	Date	Amount Reimbursed