

St. Joseph's Home & School Association

Check Disbursement Request /Expense Reimbursement Form

Committee: _____ Date _____

Committee Chair: _____ Budget: \$ _____

Other: _____

Check Payable to: _____

Amount: \$ _____

Please attach receipts.

Description of Expense: _____

Prepared and submitted by: _____

Committee Chair signature: _____
(if applicable)

Date paid: _____

Check No.: _____