

ST. PIUS X ELEMENTARY SCHOOL EXPENSE REIMBURSEMENT REQUEST

Date: _____

Remit to: _____

**Address &
Postal Code:** _____

Telephone: _____

Detailed Description (Attach Receipts)	(office use only) A/C	PST	Subtotal (Including PST)	GST	TOTAL
Please Total All 4 Columns	*****				

Note: Social Events and Planning Meetings – include the names of persons attending

Stamp for Authorization

Signature of person requesting reimbursement