

**ST. PIUS X ELEMENTARY SCHOOL
FUNDRAISING EXPENSE REIMBURSEMENT REQUEST**

Date: _____
Remit to: _____
Address & _____
Postal Code: _____
Telephone: _____

Detailed Description (<u>Attach Receipts</u>)	(office use only) A/C	TOTAL
Please Total	*****	

Note: Expense Reimbursement Requests are due within one week of the event date.
 For Social Events and Planning Meetings – include the names of the persons attending.

Name of Event: _____

Name of Chair for the Event: _____

Stamp for Authorization

Signature of Approval by Chair

Signature of person requesting reimbursement