

Date: _____

St. Joseph PTA Council
Request for reimbursement and/or payment

Check payable to: _____ Check # _____ Check amount: _____

Budgeted line item _____

Unbudgeted expenditures:

Purpose _____

Date approved by Council _____

Funds to come from _____

Council office or chairmanship _____

Date paid _____

ATTACH ALL RECEIPTS TO BACK

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