

St. Bridget School, Cheshire, CT

Reimbursement Request Form

(By requesting a reimbursement, it is assumed that a purchase request received prior approval.)

Name: \_\_\_\_\_

Address, if check is to be mailed: \_\_\_\_\_

Phone number: \_\_\_\_\_

Reimbursement for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total amounts of receipt(s): \_\_\_\_\_

(Receipts MUST be attached)

\_\_\_\_\_  
Signature of person submitting this form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's signature for approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor's signature for approval

\_\_\_\_\_  
Date