



# St. Monica Parish School Parent Club

## Expense/Reimbursement Form

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Payment requested by: \_\_\_\_\_ Signature: \_\_\_\_\_

Email address: \_\_\_\_\_  
(if questions)

Payee: \_\_\_\_\_  
(Name as it should appear on the check)

Please check the activity or class that the expense is related to:

### Parent Club Activity

- Parent club meetings
- Mixed Bags
- Poinsettias & Wreaths
- Spirit Wear
- Spring Flowers
- Student Education programs
- Hunger Awareness
- Family Socials
- Faculty Appreciation
- Other

### Classroom Funds

- Pre-Kindergarten
- Kindergarten
- 1<sup>st</sup> Grade
- 2<sup>nd</sup> Grade
- 3<sup>rd</sup> Grade
- 4<sup>th</sup> Grade
- 5<sup>th</sup> Grade
- 6<sup>th</sup> Grade
- 7<sup>th</sup> Grade
- 8<sup>th</sup> Grade

Please provide a description of the expense (*required*):

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**Please attach all receipts for the expenses to this form.** A check will be written after approval from the committee chair or room parent. You will be notified when the check is available for pick-up in the school office (Treasurer's Folder).

For office use: PC  
President to initial upon  
approval of payment.