St. Dominic Home & School Association

Expense Reimbursement Form

Name of individual/business to be reimbursed:

_____

Address of individual/business to be reimbursed:

_____

Activity/Event: _____

_____

Name of Store		**Date of receipt**		**Amount**
Total				

*If not expensing full amount of receipt, please circle items to be expensed

*Attach all receipts to reimbursement form and put in the **RED FOLDER** in the Home & School mailbox in the main office

Submitted by: _____

Phone: _____ Email: _____

Date: _____

Please contact Home & School treasurer, Hector Alfageme, with any questions: hector.alfageme@yahoo.com