

# REQUEST FOR REIMBURSEMENT

## 2010 - 2011

The following items have been purchased for the benefit of Stella Maris Academy.  
ORIGINAL receipts must be attached.

Purpose: \_\_\_\_\_

Person requesting reimbursement: \_\_\_\_\_

Submit form to: PTO Treasurer via SMA School Office

<u>Date of Purchase</u>	<u>Description of Purchase</u>	<u>\$ Amount</u>	<u>Receipts Attached</u>
_____	_____	_____	( )
_____	_____	_____	( )
_____	_____	_____	( )
_____	_____	_____	( )
_____	_____	_____	( )
_____	_____	_____	( )
_____	_____	_____	( )
Total		\$_____	

Please make reimbursement payable to: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Account #: \_\_\_\_\_