

Parent Connections Reimbursement Form

Date: _____

Event: _____

Date of Event: _____

Description of what was purchased: _____
(i.e. food, plates, napkins, decorations etc.)

Where purchased: _____ Amount: _____

Total: _____

Reimburse:

Name: _____

Address: _____

Parent Connections sign off: _____

Reimbursement process:

Fill out reimbursement request form and attach receipt to form.

Send completed form and receipt to school to the attention of Parent Connections.

Parent Connections board will verify expense and submit request to appropriate person.

Check will be mailed to person indicated on form.