

Reimbursement Form - York Catholic High School

Requested by: _____ Date: _____

Remittance Information:

Personal/Company Name: _____

Mailing Address: _____

Department the Item(s) is to be charged to: (Check One and complete the information needed below)

- School - Department: _____
- Development - Event: _____
- Activities/Clubs – Which one: _____
- Athletics – Sport: _____

All receipts must be attached to this request form

Store Location	Brief Description of items purchased	Amount
Grand Total of Receipts		

Approvals:

Department Chair: _____ Principal: _____

To be completed by the Business Office:

Budget line to be charged: _____

Submitted for Payment: _____