



ST. BERNADETTE PTU

REQUEST FOR FUNDS/REIMBURSEMENT

SUBMITTED BY: _____

DATE SUBMITTED: _____

EVENT NAME: _____

DESCRIPTION OF ITEMS PURCHASED: _____

AMOUNT REQUESTED: _____

CHECK ONE: _____ **VOLUNTEER REIMBURSEMENT (RECEIPTS ATTACHED)**
_____ **PAY DIRECT (SUBMIT INVOICE TO VENDOR)**

PLEASE NOTE:

*Please submit this completed form with an invoice or receipts to the St. Bernadette PTU Treasurer within 30 days of purchase.

*Use Tax Exempt Certificate – TAX WILL NOT BE REFUNDED – please see Mary Egan for correct form

*Original receipts must be attached -Reimbursements cannot be made without a receipt

FOR TREASURER USE ONLY

Date Paid: _____ Amount Paid: _____

Check number: _____

Comments: _____

Treasurer Signature: _____