

HFS PARENT GUILD REIMBURSEMENT REQUEST / CHECK REQUEST

*Requests must be submitted within 60 days of event or before June 30th of current school year, whichever comes first.
No reimbursements will be made for expenses that are over budget.*

1. REASON FOR REQUEST (CHECK ONE):

Reimbursement Request

Check Request

2. BUDGET LINE ITEM (CHECK ONE):

Administration		School Programs	
Historian/Corresponding Secretary	<input type="checkbox"/>	Spirituality	<input type="checkbox"/>
President Expenses	<input type="checkbox"/>	Academic Awards (pins)	<input type="checkbox"/>
Treasurer	<input type="checkbox"/>	Shoe Box Science	<input type="checkbox"/>
Room Parents' Expenses	<input type="checkbox"/>	Kindergarten Graduation - Refreshments	<input type="checkbox"/>
Website Maintenance	<input type="checkbox"/>	8TH Grade Graduation	<input type="checkbox"/>
Pledge to Holy Family School	<input type="checkbox"/>	Gifts	<input type="checkbox"/>
HOT LUNCH - PASS THROUGH	<input type="checkbox"/>	Luncheon	<input type="checkbox"/>
Events			
School Picnic	<input type="checkbox"/>	Reception after Graduation	<input type="checkbox"/>
Welcome Back Reception/Social	<input type="checkbox"/>	Scholarships	<input type="checkbox"/>
Drop-In Day Refreshments	<input type="checkbox"/>	Faculty Events	
Full PG Meeting Snacks	<input type="checkbox"/>	Faculty Appreciation Lunch	<input type="checkbox"/>
Special Friends / Talent Show	<input type="checkbox"/>	Faculty Christmas Lunch	<input type="checkbox"/>
Great American	<input type="checkbox"/>	Faculty Conference Week Dinner	<input type="checkbox"/>
Jog-A-Thon	<input type="checkbox"/>	Faculty Christmas Bonuses	<input type="checkbox"/>
Parent Retreat(s)	<input type="checkbox"/>	Faculty Anniversary Gifts (\$25 per)	<input type="checkbox"/>

3. DETAILS (ALL FIELDS MUST BE FILLED OUT):

Date: _____

Amount: _____

Check Payable to: _____

Name of Requestor: _____

Contact Number of Requestor: _____

4. SPECIAL INSTRUCTIONS (OPTIONAL):

After the above-sections are completed, submit to Parent Guild Treasurer, for processing.

5. THIS SECTION FILLED OUT BY PARENT GUILD TREASURER:

PG Treasurer Approval: _____

Date Received: _____

Check #: _____

Check Issue Date: _____

Amount: _____