

# Mary Immaculate Catholic School: Request for Payment

To: Business Manager

Request By: \_\_\_\_\_ Date: \_\_\_\_\_

Payable to: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Classroom/Grade Event: \_\_\_\_\_

Description	Amount	(Office Only) Acct Exp Code	(Office Only) Acct Class

Total:

Mail to above address

Kid mail--indicate Child's name/Class \_\_\_\_\_

Pick up at school--indicate mail box: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach original receipts/invoices. Copies are not acceptable. We do not reimburse for sales tax. Please do not include tax in the amount to be reimbursed