

**CHRIST THE KING SCHOOL**  
**REQUEST FOR REIMBURSEMENT**

NAME: \_\_\_\_\_ GRADE \_\_\_\_\_ DATE \_\_\_\_\_

Amount Requested \_\_\_\_\_

Reason for request \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Please attach receipts and forward to Debbie Wilson for approval by  
Mrs. Kathy Gannon-Briggs.

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For Office Use:

Amount Approved \_\_\_\_\_ Check # \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_

FORMS: REIMBURSEMENT FORM REV 8/09

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