Christ the King School – Parent Teacher Group

Expense Reimbursement Form

Please complete this form, attach receipts taped to an 8 ½ x 11 piece of paper and drop off with Mrs. Wilson in the school office to the attention of: Ken Ruotolo, Treasurer – PTG. Your reimbursement check will be returned in the family envelope. **If receipts are turned in by Thursday then your check will be in the next family envelope.**

_____ _____ _____

First and Last Name Grade - Oldest Child Date

Project/Event _____

Item/Service Purchased _____

Amount to be reimbursed (please attach receipt) $_____

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Project/Event _____

Item/Service Purchased _____

Amount to be reimbursed (please attach receipt) $_____

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Project/Event _____

Item/Service Purchased _____

Amount to be reimbursed (please attach receipt) $_____

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Total to be reimbursed **$_____**

Paid date _____ Check # _____