



HOLY ROSARY SCHOOL Reimbursement Form

Turn in within 30 days of purchase or event date.

TODAY'S DATE			VENDOR NAME (Fill out this section only for invoice payment)		
DEPARTMENT			VENDOR ADDRESS		
REQUESTOR NAME			BILL TO ACCOUNT NAME OR NUMBER		
REQUESTOR SIGNATURE			PRINCIPAL'S SIGNATURE/DESIGNATED BUDGET APPROVER		
SELECT DISPOSITION OF CHECK (MARK X) ☐ CALL (PHONE#) _____ ☐ MAIL (ADDRESS) _____ _____			_____ DATE _____ PAYMENT WILL NOT BE PROCESSED WITHOUT THE SIGNATURE AND ORIGINAL INVOICE.		
ITEM#	RECEIPT DATE	VENDOR/STORE	DESCRIPTION OF ITEMS		TOTAL RECEIPT
1					
2					
3					
4					
5					
6					
7					
8					
SPECIAL INSTRUCTIONS:					TOTAL:
PAYMENT METHOD: _____ CREDIT CARD ENDING: _____ CHECK#: _____ TERMS: NET _____					