



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) <input type="checkbox"/> CALL (PHONE#) _____ <input type="checkbox"/> 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:
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PAYMENT METHOD:	CREDIT CARD ENDING: _____	CHECK#: _____	TERMS: NET _____
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