

St. Brendan Mothers' Club Check Request Form 2009 - 2010

Instructions:

- Complete Section I with Club/Function information
- Complete Section II and/or III with reimbursement information
- Attach all receipts taped or stapled to 8-1/2" by 11" paper
- Send original completed form and attached receipts to Patricia O'Neill, Treasurer c/o Joe Laveroni, Grade 6 or drop in mailbox at 25 Vasquez Ave.
- Keep a copy for your records

Section I: Club/Function Information	
Function:	Date:
Submitted by:	Name & Grade of Oldest St. B Child:
Phone:	Email:

Section II: Vendor Reimbursement		
Description of item(s) or services (use additional pages if necessary)	Vendor Name and Address (indicate vendor mailing address)	Invoice Amount
		\$
		\$
		\$
		\$
		\$
		\$
Total Vendor Reimbursement Requested:		\$

Section III: Personal Reimbursement		
Description of item(s) or service purchased (use additional pages if necessary)	Vendor Name (list each Vendor's name)	Amount
		\$
		\$
		\$
		\$
		\$
		\$
Total Personal Reimbursement Requested:		\$

Treasurer Use Only: Date of Reimbursement:	Check #:
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