ST. MARIA GORETTI PARISH & SCHOOL
EXPENSE REIMBURSEMENT REPORT

CHECKS ARE PROCESSED ON 15TH AND 30TH OF EACH MONTH. REPORTS MUST BE **IN THE BUSINESS OFFICE** 2 DAYS PRIOR TO BE PROCESSED.

EXPENSES MUST BE SUBMITTED WITHIN 45 DAYS OF OCCURRENCE TO BE REIMBURSED.

NAME: _____ **ADDRESS:** _____

CITY/STATE/ZIP: _____ **PHONE:** _____

DATE	DESCRIPTION	ORGANIZATION/ DEPARTMENT	AMOUNT	(OFFICE USE ONLY) CLASS	SUBCLASS	ACCOUNT	MEMO
		TOTAL:	$0.00				

PREPARER SIGNATURE:_____ **DATE**_____

AUTHORIZED SIGNATURE:_____ **DATE**_____

Note: This form must have an authorization signature on it before any monies are reimbursed. Please securely attach all receipts to BACK of this form. Thank You!