

St. Francis de Sales School

Check Request: Please select one below

- Purchase: Used for purchasing an item with a company or for the school that requires payment prior to services rendered.
- Refund: Payment was made to St. Francis de Sales School and you would like that money refunded back to you.
- Reimbursement: A purchase for the school was made using your own money and you would like the school to reimburse you.

* Items that are needed to approve and fulfill your request.

*Today's date: _____

*Payable to: _____

*Address: _____

*Description: _____

*Check Amount: \$ _____

***Check Delivery Method (choose one):**

- Mailed/Delivered
- Pick-up at Business Manager's office
- Other: _____

- 1 Receipts must be present (copies must be visible).
- 2 Please TAPE your receipts to the back of this sheet and/or to additional 8 ½ by 11 sheet.
- 3 Taxes are not reimbursed.



Requested by: _____ Date: _____

Office only:

Receive Date: _____

Invoice #: _____ GL Code: _____

Approved by: _____ Date: _____

Processed by: _____ Date: _____