

Grafton Catholic Youth Group Reimbursement Form

Event Description:		
Date of Event:		
Event Leader Name:		
Authorization, Event Leader	Signature:	Date:
Authorization, GCYG Co-Chair	Signature:	Date:

Full Cost per participant (not including GCYG subsidy)	\$
Number attending	
Total Cost of event (cost × # of attendees)	\$
Cash Collected (turned in)	\$
Amount from WePay (expected)	\$
Total Collected for event	\$
Amount to be applied from GCYG Funds/Account	\$
Reimbursement Amount to Leader(s) (see below)	\$

Item(s)	Cost	Check Made out to:	Reimbursement Amount