

# 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: \_\_\_\_\_