

**SAINT LEO THE GREAT CHECK REQUEST FORM (Parent Reimbursement)**

Organization (Circle) PTA/Athletics/Fathers Club/Other(list) \_\_\_\_\_

List GL account if school expense \_\_\_\_\_

Date of Request \_\_\_\_\_ Date check required \_\_\_\_\_

Check Payable to \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Amount of Check \_\_\_\_\_

**Must have support documentation for amount to be reimbursed**

Activity being reimbursed for (list each event and amount)

EVENT/Program (list)	Amount
_____	
_____	
_____	
_____	
_____	
TOTAL	

Child will deliver check to Home

Child Name \_\_\_\_\_

Class/ Teacher \_\_\_\_\_

Signature of Requestor \_\_\_\_\_

APPROVAL Section

Organization Officer(sign/print) \_\_\_\_\_

School Approver (sign/print) \_\_\_\_\_

\_\_\_\_\_  
Additional Approval (over 5,000) Father or Director of Finance

\_\_\_\_\_  
Additional Approval (over 15,000) Parish Trustee

Check Number

Date