

St. Raphael Home and School Association Check Request Form

Treasurer Use Only
Check #:
Date Pd:

Please fully complete this form and attach all original receipts. **No expenses will be reimbursed unless original receipts are provided within 30 days of the event (photocopies, emails, or texted receipts will not be accepted).** Also, as we are a tax-exempt organization under the parish, **NO SALES TAX** can be reimbursed. Please submit a separate form for each payee and indicate mailing address.

Name of Requestor: _____

Phone #: _____ Email: _____

Committee/Event: _____

Check Payable to (if different than Requestor): _____

Mail To: _____

Date	Description of Expenses	Amount
Attach additional sheet(s) if necessary.		Total Due:

Please send this form *along with all original receipts* to:

Sue Watkins, H&S AP Treasurer
24319 Lake Rd.
Bay Village, OH 44140

QUESTIONS: hstreasurerAP@saintraphaelparish.com or 440-263-4655 (cell)