

# 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
<b>Attach additional sheet(s) if necessary.</b>		<b>Total Due:</b>

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

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

QUESTIONS: [srshomeandschooltresap@gmail.com](mailto:srshomeandschooltresap@gmail.com) or 440-263-4655 (cell), 440-617-9314 (home)