

St. Paul of the Cross Home & School Association
Report of Expenditure

Name: _____ Date: _____

Phone number: _____

(Fill out address if requesting reimbursement for the first time or for change of address.)

Address: _____

Committee/Event: _____

Purpose of Expenditure: _____

Amount of Expenditure: _____

Approved: _____

Check No.: _____ Date Issued: _____

Please attach receipts and return to the Home & School Association mailbox in the office.