



# ST. ROBERT'S CHURCH

1380 Crystal Springs Road

San Bruno, CA 94066

(650) 589-2800

## REQUEST FOR REIMBURSEMENT/ADVANCE

Organization making request: \_\_\_\_\_

Date of request: \_\_\_\_\_

Amount request: \_\_\_\_\_

Purpose: (receipts must be attached) \_\_\_\_\_  
\_\_\_\_\_

Requested by: \_\_\_\_\_

Approved by: \_\_\_\_\_ (Treasurer of organization) Date: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

\_\_\_\_\_ Mail to payee's address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Hold in organization mailbox

\_\_\_\_\_ Sent to school in care of: Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

=====**Office Use**=====

Expense Code# \_\_\_\_\_

\$ paid \_\_\_\_\_

Check # \_\_\_\_\_

Date Paid \_\_\_\_\_