

VISITATION

Visitation Inter-Parish Home & School Association



REQUEST FORM

Date Requested: _____ Amount Requested: \$ _____

Requester's Name: _____

TYPE OF REQUEST:

Reimbursement For: (NOTE: A copy of the receipt must be attached to receive reimbursement.)

- Approved budget item: (specify)
- Designated fundraiser item: (specify)
- Fundraiser expense: (specify)
- Other approved item: (specify)

Make check payable to:

(Note: Requests for reimbursement on items that have NOT been approved by the H&S are considered **new funding** and must be approved before reimbursement is made.)

New Funding: (reason for request)

Request for Services: (to be preformed by H&S members) (explain)

Principal/Pastor's Signature: X _____ Date: _____

Routing: Send request for reimbursement to H&S Treasurer.
Send all other requests to H&S President two weeks prior to general meeting.

FOR HOME & SCHOOL USE ONLY:

Approved Denied

Comments: _____

H&S President's Signature: _____ Date: _____

Treasurer's Note: Ck #: _____ Date: _____ Issued To: _____

Funding Source: _____

Comments: _____