



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 _____