

Mary Immaculate Catholic School: Request for Payment

To: Business Manager

Request By: _____ Date: _____

Payable to: _____

Address: _____

City: _____ State: _____ Zip: _____

Classroom/Grade Event: _____

Description	Amount	(Office Only) Acct Exp Code	(Office Only) Acct Class

Total:

- Mail to above address
- Kid mail--indicate Child's name/Class _____
- Pick up at school--indicate mail box: _____

Signed: _____ Date: _____

Approved: _____ Date: _____

Please attach original receipts/invoices. Copies are not acceptable. We do not reimburse for sales tax. Please do not include tax in the amount to be reimbursed