



## ST THOMAS PARENTS & FRIENDS ASSOCIATION EXPENSE REIMBURSEMENT CLAIM FORM

NAME: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

DATE	SUPPLIER	DETAILS	EVENT	AMOUNT
TOTAL REIMBURSEMENT				\$

**Note:**

Please attach all invoices to be reimbursed to this claim form. All claims must be supported with a valid tax invoice and must be submitted WITHIN 14 DAYS of expense being incurred. If one invoice includes expenses for more than one group or event, please provide appropriate breakdown.

I certify the above expenses to be true and correct and entirely an expense of the St Thomas Parents & Friends Association

Signed

\_\_\_\_\_

P & F EXECUTIVE COMMITTEE USE ONLY

Date Paid \_\_\_\_\_ Cheque # \_\_\_\_\_ Approved by \_\_\_\_\_