

**EXPENSE REIMBURSEMENT REQUEST**  
**LEAVE FORM IN SCHOOL OFFICE**  
**ATTN: LINDA ROACH/SAINT HENRY H&S MAILBOX**

**Date:** \_\_\_\_\_

**Payable to:** \_\_\_\_\_

**For:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount:** \_\_\_\_\_

**Class:** \_\_\_\_\_

**Teacher's Signature:** \_\_\_\_\_

**Address to send payment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please include receipts, if applicable. Allow one week for reimbursement.**  
**If you have any questions, please call Linda Roach (646-4088) or**  
**e-mail her at [dlroach@comcast.net](mailto:dlroach@comcast.net).**