

St. James Episcopal Day School Parents Guild
Reimbursement Form

1. Date: _____
2. Name of person to be reimbursed: _____
3. Amount to be reimbursed: _____
4. Reimbursement Category (Please circle and add description to the side)
 - Carnival
 - Soiree
 - Grandparents Day
 - Yearbook
 - Teacher and Staff Appreciation Week
 - Teacher and Staff Luncheons and Hospitality
 - Teacher and Staff Birthdays
 - St. Nicholas
 - Easter Party
 - Parent Appreciation
 - Parent Enrichments
 - Other: _____
5. How would you like to receive your reimbursement? (Please Circle One)

Backpack Mail or USPS

Address:

Or Child's Name and Child's Teacher:

Reimbursement Guidelines:

This form must be filled out and emailed to the treasurer, Martha Vasquez marthawhitevasquez@gmail.com , along with copies of your receipts. Please do not leave paper copies in the office.

Requests for reimbursements must be submitted within 1 month of receipt. All May reimbursements must be submitted immediately.

Approved By: _____

Martha Vasquez