

STAPLE RECEIPTS HERE _____
(ATTACH TO BACK SIDE OF FORM)

ST ROBERT HOME & SCHOOL EXPENSE REPORT/CHECK REQUEST

Date of Request: _____ H&S Event: _____
(one event per form)

Requested By: _____

Phone No. or Email address: _____

Check Payable To: _____
(address if applicable) _____

Items purchased:

- | | | |
|----|-------|----------|
| 1. | _____ | \$ _____ |
| 2. | _____ | \$ _____ |
| 3. | _____ | \$ _____ |
| 4. | _____ | \$ _____ |
| 5. | _____ | \$ _____ |
| 6. | _____ | \$ _____ |

Total Amount Requested: \$ _____

Please attach your receipts, copies of contract, or other relevant documentation to the *back* of this form. Copies of your cash register receipts are acceptable, but original invoices should be submitted whenever possible to avoid duplication of payment. Keep a copy of the documentation for your records if you foresee a future need. Use a separate form for each check requested.

Return this form to Treasurer's mailbox in the school office, or mail/deliver it to:

Tisha Burke
3452 N. Hackett Avenue
Milwaukee, WI 53211
srhstreasurer@gmail.com

-----For Treasurer's Use Only-----

AMOUNT PD. \$ _____ CK # _____ DATE PD. _____

EVENT/CATEGORY _____