

*SAINT BRIGID OF KILDARE
HOME & SCHOOL ASSOCIATION*

EXPENSE CHECK REQUEST

Date of Request:_____ Amount of Check:_____

Check Payable To:_____

Address: _____

Circle One: INVOICE or REIMBURSEMENT

Event Name:_____

Committee Name:_____

Purpose:_____

Submitted By:_____

Phone Number:_____

Committee Member Signature:_____

Treasurer's Signature:_____

Date Paid:_____

Check #:_____

Attach receipt(s) and/or invoice(s) to form and submit in a sealed envelope to:

Gretchen O'Reilly
332 Stonewall Court
Dublin, Ohio 43017

You may place requests in the H&S
Mailbox in the school office.