# ST. JOHN EAGLE GROUP

## Expense Reimbursement Claim Form

**Name** (make check payable to): ______________________

**Address:** ______________________

**City, State, Zip Code:** ______________________

**Telephone Number:** ______________________

**Date Submitted:** __________

Office Use Only:

Approved: __________

Processed: __________

| Date | Event/Activty | Amount | Vendor | Description of Expense (i.e., Decorations, Printing, Food) |
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| | **Page Total** | | | |

1. **Please attach all receipts.**
2. **Have form signed by the Chairperson of the Event or Room Parent of your class.**
3. **Please turn in your request to Eagle Group Treasurer.**
   **There is an envelope in the school office.**

Signature: ______________________
*(by Chairperson/Room Parent)*

Approval: ______________________
*(by Eagle Group Treasurer)*

10/1/09