

St. Andrew Apostle Parents Association

CHECK REQUEST AND REIMBURSEMENT FORM

Please deposit all completed forms in the lockbox labeled “SAPA MAIL” next to the *Parent Information Center*.

All check requests must be approved by the SAPA Treasurer prior to processing. Please allow at least 10 days to process all check requests.

SAPA Event Chairpersons are expected to contact the President, Vice President or Treasurer for prior approval before incurring costs.

Check Request:

Event _____

Date of Request _____

Date the check is needed _____

Amount _____

Vendor Name _____

Address _____

City _____ St. _____ Zip _____

Reimbursement Request:

Reimbursement to _____

Address _____

City _____ St. _____ Zip _____

Amount _____

Explanation/Event _____

Submitted by (please print clearly) _____

Phone _____

Name of Child Teacher/Grade _____