

**St. Andrew Apostle Parents' Association
Check Request and Reimbursement Form**

Forward completed form to SAPA Treasurer via school mail (Cornelia Kent – c/o Sydney Durrah 2-G – Mrs.Gormley)

SAPA event Chairpersons are expected to contact the President, Vice President or Treasurer before incurring costs. Note that a reimbursement or advance check will not be immediate, so please factor the additional time into your request.

Event _____

Date of Request _____

Date the check is needed _____

Amount _____

Vendor Name _____

Address _____

City _____ **St.** _____ **Zip** _____

OR

Reimbursement to _____

Explanation _____

Submitted by (please print clearly) _____

Phone _____

Name of Child Teacher/Grade _____