



## St. Peter in Chains EPIC Reimbursement Form

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Event Chair(s): \_\_\_\_\_

Reimbursement to: \_\_\_\_\_ Date Cost Incurred: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

(please make every effort to submit any request for reimbursement within 60 days of cost being incurred or event occurrence, whichever is sooner)

Business where cost incurred: \_\_\_\_\_ Amount: \_\_\_\_\_

Description: \_\_\_\_\_

Receipt Attached: Y N If no receipt, please explain why: \_\_\_\_\_

Business where cost incurred: \_\_\_\_\_ Amount: \_\_\_\_\_

Description: \_\_\_\_\_

Receipt Attached: Y N If no receipt, please explain why: \_\_\_\_\_

Business where cost incurred: \_\_\_\_\_ Amount: \_\_\_\_\_

Description: \_\_\_\_\_

Receipt Attached: Y N If no receipt, please explain why: \_\_\_\_\_

Business where cost incurred: \_\_\_\_\_ Amount: \_\_\_\_\_

Description: \_\_\_\_\_

Receipt Attached: Y N If no receipt, please explain why: \_\_\_\_\_

Total Reimbursement Sought: \_\_\_\_\_

All original receipts, if they exist, must be submitted with this form to the school office to be delivered to Elizabeth Moran. When submitting reimbursement requests to the school office, please take a picture of or scan this form and all receipts, emailing to [morane@stpeterinchains.org](mailto:morane@stpeterinchains.org), [luebbem@stpeterinchains.org](mailto:luebbem@stpeterinchains.org), [keheile08@gmail.com](mailto:keheile08@gmail.com), and [djsterwerf@gmail.com](mailto:djsterwerf@gmail.com). This will ensure prompt approval and proper logging of the expense.