



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 Darla Bokeno. When submitting reimbursement requests to the school office, please take a picture of or scan this form and all receipts, emailing to dbokeno@stjulie.net, schooloffice@stpeterinchains.org, and spsepic451@gmail.com. This will ensure prompt approval and proper logging of the expense.