

Holy Trinity Catholic School Parent and School Organization



Check Request Form

All Reimbursement Requests must be submitted within 30 days of expenditure with an original receipt or invoice.

Date _____

Requested by: _____ Committee: _____
Telephone #: _____ Signature: _____
E-mail address: _____

Issue Check Payable to: _____
Mail Check to: _____

Amount: _____
Purpose of Expenditure: _____

TAX EXEMPT FORMS AVAILABLE

Charge Expense to:

- | | |
|--|--|
| <input type="checkbox"/> Teas – Advent/Lent | <input type="checkbox"/> 8 th Grade Reception |
| <input type="checkbox"/> Fannie May | <input type="checkbox"/> Box Tops/Labels |
| <input type="checkbox"/> Father Daughter | <input type="checkbox"/> Dinner Dance |
| <input type="checkbox"/> Feed My Starving Children | <input type="checkbox"/> Field Day |
| <input type="checkbox"/> Fun Fair | <input type="checkbox"/> Grandparents Day |
| <input type="checkbox"/> Halloween Dinner | <input type="checkbox"/> Hospitality – Mentoring/Volunteer Apprec/Welcoming Coffee |
| <input type="checkbox"/> Hot Lunch | <input type="checkbox"/> Manna |
| <input type="checkbox"/> Jewel Shop & Share | <input type="checkbox"/> Open House – Catholic Schools Week |
| <input type="checkbox"/> Krispy Kreme Sale | <input type="checkbox"/> Parent Social – Bowling Night |
| <input type="checkbox"/> Market Day | <input type="checkbox"/> Publicity / Advertising |
| <input type="checkbox"/> Mother Son Bowl | <input type="checkbox"/> Scholarship Dinner |
| <input type="checkbox"/> Santa Sale | <input type="checkbox"/> School Picnic |
| <input type="checkbox"/> Taffy Apple Sale | <input type="checkbox"/> Teacher Appreciation |
| <input type="checkbox"/> Uniform Sale | <input type="checkbox"/> Other _____ |

Submit to: Jeale Baryl, 213 Demming Pl., Westmont, IL 60559
Home Phone: 630-795-0358 Cell Phone: 630-816-1421
E-mail: jeale.baryl@us.schindler.com

****Please attach all receipts – One form per Charge Expense****

Check # _____
Date _____
Amount _____

*Holy Trinity Catholic School
Parent and School Organization*



Check # _____
Date _____
Amount _____