



Class Activity Reimbursement Form

Please complete this form and attach all receipts for costs incurred to the form. Send the completed form to PTG- Attn. Treasurer within 5 days of the class activity. All checks will be cut the following week and sent to you in your child's backpack. If you have any questions or concerns, contact your HRC or Amy Lipscomb at ptg_treasurer@saintkilian.org.

Teacher/ Grade _____

Class HRC _____

Activity/ Event _____

Activity Budget Amount _____

Reimbursement Payable To: _____

Amount Requested _____

Are all receipts attached _____

Child's Name _____

(This is who the check will be sent home with)

Teacher/ Grade of child _____

Email for notification of check being sent

Submitted By: _____