



St. Rita School

Parent Association Committee

Expense Report

All areas must be completed prior to submission to Chairperson. Failure to complete any area may delay reimbursement.

Make Check Payable To (*print clearly*):

Address:

Total Amount Requested:

Submitted by:

Date of Expense (If various, put range):

Signature:

Phone Number:

Email Address:

Committee: ☐ Academic Excellence

[SRS: ☐ Teacher Discretionary Expense]

☐ Development

☐ Media Relations

☐ Parent Involvement

☐ PAC

Chairperson

Event Name

Receipts (*Necessary for reimbursement. Tax is not reimbursable*)

Attached? ☐

Attached? ☐

Attached? ☐

Attached? ☐

<i>Location of Expense</i>	<i>Description of Expense</i>	<i>Expense Amount</i>
Total		

Submit completed form to Committee Chairperson for Approval
Chairperson will forward to Treasurer for processing.

For PAC Use Only

Team Chairperson

Approval:

Date:

Budget Line Item:

Amount Budgeted:

Variance:

Comments: (*use reverse if necessary*)