

San Jose Episcopal Day School
Parent's Association
7423 San Jose Boulevard
Jacksonville, Florida 32217

Reimbursement/Donation Form

(Note: Please include receipts for all reimbursable amounts)

Name: _____
 Address: _____

 Event: _____
 Committee: _____
 Chair Approval: _____
 Date: _____

REIMBURSABLE AMOUNTS:	
Item	Amount
TOTAL:	

DONATIONS:	
Item	Amount
TOTAL:	

Please submit requests for reimbursement within 2 weeks of the event. Completed forms should be left in the SJEDS P.A. Treasurer's box in the school office with receipts or appropriate documentation attached. Please remember to have the Committee Chair initial their approval of all expenses. Call Leslie Morgan (233-8496) with any questions.

THANK YOU FOR VOLUNTEERING FOR OUR CHILDREN!

 For Office Use Only - Revised 7/11

P.A. Executive Board Approval: _____ Date: _____