

	SAINTS PETER AND PAUL SALESIAN SCHOOL
	660 Filbert Street San Francisco, California 94133 (415) 421-5219 fax (415) 421-1831 www.stspeterpaul.san-francisco.ca.us

Date:

Booth/Dept.:

REQUEST FOR REIUMBURSEMENT BAZAAR

Payable to:
Address:

Amount: \$

Phone:

NATURE OR PURCHASE OF PAYMENT

****** Attach all receipts/invoices******

Payment Requested By				
<i>Print Name</i>		<i>Signature</i>		<i>Date</i>

Approved By:				
Audrey Kelly /Scott Hernandez				
<i>Print Name</i>		<i>Signature</i>		<i>Date</i>

REVIEWED AND PROCESSED FOR PAYMENT	
<i>Ramon San Gabriel (Parish Accountant)</i>	Process Date: _____ Check # _____

*Please submit completed form along with receipts attention Audrey Kelly or Scott Hernandez
in person or via school folders*