

St. John Vianney Catholic School

Reimbursement Form



ST. JOHN VIANNEY
CATHOLIC SCHOOL

Date: _____

Name of Requester: _____

Grade Level: _____ Phone: _____

Event or Activity: _____

Is this your first reimbursement request for SY 2023-2024?

If YES, please complete your checking account information below.

If NO, you do not need to complete your checking account information below.

Name on checking account: _____

Bank Name: _____

Checking account #: _____

Routing #: _____

Email: _____

* Note: Reimbursement will be deposited into your checking account. You will receive an initial email to verify your account information. After verification, the total reimbursement amount will be deposited into your checking account.

Please attach receipts. Itemize items purchased.

Vendor/Store	Description	Amount	Account Code (Office to complete)

TOTAL AMOUNT: \$ _____

Office Manager's Signature: _____

Principal's Approval: _____ **Date:** _____