

**ST. THOMAS MORE SCHOOL
HOME & SCHOOL ASSOCIATION
EXPENSE REPORT**

Date: _____

Committee Name: _____

Committee Chair: _____

Project/Event: _____

Purchase Description: _____

Amount: _____

Payable to: _____

Send through school – c/o: _____

(child's name, grade & symbol)

Attach original receipts to this form and send to Maria Danos c/o Madison Danos, 8C. Please let me know via email that you've sent a request for reimbursement. Thank you.

Maria Danos

Email: gabbyrules@cox.net

Cell: 225-223-5878

OFFICE USE ONLY

DATE PAID: _____

CHECK NO: _____

AMT. REIMBURSED: _____