

**CHRIST THE KING CATHOLIC SCHOOL**  
**REQUEST FOR REIMBURSEMENT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Address where check is to be mailed:

\_\_\_\_\_  
\_\_\_\_\_

Amount Requested \_\_\_\_\_

Reason for request \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Teacher Appreciation gifts, please indicate grade purchased for: Gr.* \_\_\_\_\_

Signature \_\_\_\_\_

Please attach receipts and forward to Julie Thornbury for approval by  
Mr. Joe Silveira.

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For Office Use:

Account # \_\_\_\_\_ Check # \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_