

School Spending Approval Form - *Volunteer*

CHECK REQUEST / REIMBURSEMENT

SAINT PATRICK CATHOLIC SCHOOL

1112 NORTH G STREET TACOMA, WA 98403

PRE-APPROVAL REQUIRED FOR ALL SCHOOL PURCHASES

Name: _____

Date Submitted: _____

Pay to the order of:
(if applicable) _____

Invoice #
(if applicable) _____

Address: _____

- Mail to address indicated above
- Hold in school office for pickup
- Send home with student: _____

Check one:

- SPPA
- REACH
- OTHER _____

VENDOR/SUPPLIER	DESCRIPTION/PURPOSE	ESTIMATED AMOUNT	ACTUAL AMOUNT	ACCOUNT # <small>(Business office only)</small>
TOTAL		\$ -	\$ -	

Purchaser Signature _____

Attach all receipts for reimbursement or invoices for check requests.

Principal or VP

Signature for approval prior to placing order: _____



SAINT PATRICK
CATHOLIC
CHURCH & SCHOOL