



**Saints Service
Organization**
Lakewood Catholic Academy

Saints Service Organization

Expense Reimbursement & Check Request Form

Expense Reimbursement Instructions:

- Complete this form and attach original receipts to the back of the form.
- Return form and receipts to LCA in an envelope marked **SSO Reimbursements**.
- Please allow 7-10 business days for reimbursements to be processed.
- Submit receipts within 2 weeks of the event.
- All requests for reimbursement must be made by June 15, 2014.

Person requesting reimbursement: _____

Name of event or program that incurred expense: _____

Total amount to be reimbursed: \$ _____

Make check payable to: _____

I will pick up the check in the Main Office **Please mail the check to:**

Name: _____ Address: _____

City/State/Zip: _____

Instructions for check requests for deposits or start-up funds:

- Complete this form and attach any contracts and special instructions to the back of the form.
- Return form to LCA's Main Office in an envelope marked **SSO**.
- Please allow 7-10 business days for request to be fulfilled.
- Request must be approved by the SSO president or the Office of Advancement.

Person requesting check: _____

Name of event or program that requires funds: _____

Total amount of check: \$ _____

Make check payable to: _____

I will pick up the check in the Main Office **Please mail the check to:**

Name: _____ Address: _____

City/State/Zip: _____
