



# Saints Service Organization

## Expense Reimbursement & Check Request Form

### Expense Reimbursement Instructions:

- Complete this form and attach original receipts.
- 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 15th of the current school year.

Person requesting reimbursement: \_\_\_\_\_

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: \_\_\_\_\_

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

- Complete this form and attach any contracts and special instructions.
- Return form to LCA in an envelope marked **SSO Reimbursements**.
- Please allow 7-10 business days for the request to be processed.
- Request must be approved by SSO president or LCA president.

Person requesting check: \_\_\_\_\_

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: \_\_\_\_\_

Signature of SSO President: \_\_\_\_\_ Date: \_\_\_\_\_