



Funds Request/Reimbursement Form

Date of Request:

Individual Requesting Funds:

Email:

Phone:

Purpose of Funds

Reason for Request/Purpose of Funds:

Amount Requested:

Date Funds Needed:

Payment Type (Please check one)

- Direct Payment to Vendor (attach bill/invoice with address):
- Cash Advance (attach estimate)
- Reimbursement - Check Payable to:

Payment delivery method: (Please check one)

- School mail (indicate child's name and home room) :
 - Mail (indicate address)
-
- Pick up at Parish Office

For FAB Use Only

Approved **Declined**

FAB Chairman's Signature: _____ Date: _____

Treasurer's Signature: _____ Date: _____

Check# _____