



Visitation School

Parent Association

2455 Visitation Drive

Mendota Heights, MN 55120

Reimbursement of Expenses Form

Date: _____

Event Code: _____

Event: _____

Check Request for payment to:

Name: _____

Address: _____

City /State/Zip Code” _____

Home Phone: _____

Email Address: _____

List of Expenses: Please attach receipts

Total Amount of Request: _____

Approved by Co-Chair /Signature/ _____ Date: _____