

ST. PIUS X ELEMENTARY SCHOOL
 1150 Mount Seymour Road, North Vancouver, B.C. V7G 1R6
 Ph. (604) 929-0345 Fax (604) 929-5051



EXPENSE REIMBURSEMENT REQUEST

Date: _____

No: _____

Remit to: _____

Name:

Address:

Telephone No:

Description (Attach Receipts)	A/C*	Subtotal (Include PST)	GST	TOTAL
Please Total All 3 Columns	*****			

A/C * Will be completed by Bookkeeper

Signature of person requesting reimbursement

Stamp for authorization