



**The Ursuline School
Mothers' Auxiliary
Reimbursement Request**

Date: _____

Name: _____

Amount: _____

Description of Expenditure: _____
(Attach receipts)

Make Check Payable to: _____

Mailing Address: _____

This form and photos of receipts may also be submitted via email to
tusma.treasury@gmail.com

Treasurer Use Only

Check# _____

Date Issued _____

Expense Category _____

Approved By _____