

**St. Francis of Assisi 2010-2011
Auction Reimbursement Request**

Class project **Class:** _____

Committee **Committee Name:** _____

Name: _____

Address: _____

Phone: _____

Please attach original receipt/receipts to form

DATE	DESCRIPTION OF EXPENSES	AMOUNT

Total _____

For office use only:
Authorized signature/Date
Check #
Issue Date: