

**Class Activity Fee – Reimbursement Request**  
**2008-2009**

**Grade & Class** \_\_\_\_\_ **Teacher's Name** \_\_\_\_\_

**Room Mother Name** \_\_\_\_\_

**Is this a Class Activity?**    \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

**Is this a Grade Activity?**    \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

**Description of Items:**

**Name(s) of Individual(s) to be Reimbursed**

**Amount of Check**

- |    |       |    |       |
|----|-------|----|-------|
| 1. | _____ | \$ | _____ |
| 2. | _____ | \$ | _____ |
| 3. | _____ | \$ | _____ |

**Please return this form, along with your original receipts, to Karen O'Tormey in the Saint Timothy School Office. Please make a copy of this form and all receipts for your records.**