

All Saints' Episcopal Day School
Parent Guild
Payment/Reimbursement Form

Committee: _____

Name: _____

Please print your name.

Date: _____

Check Amount: \$ _____

Make check payable to: _____

Reason for reimbursement requested: _____

Other information: _____

Attach receipts to this form. Deliver reimbursement requests directly to the Parent Guild Treasurer or ASEDS Director of Finance to hold for the Treasurer. NO FUNDS SHOULD BE LEFT IN THE PARENT GUILD OR SCHOOL STORE BOX.

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Please retain this copy for your records.