



**ALL SAINTS Church  
Hayward, CA 94541**



## All Saints Fiesta REIMBURSEMENT REQUEST FORM

Submittal Date \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Reimbursement Reason \_\_\_\_\_

Amount \_\_\_\_\_

Requestor \_\_\_\_\_ Date \_\_\_\_\_



**FIESTA\*\*\*FIESTA\*\*\*FIESTA\*\*\*FIESTA\*\*\*FIESTA\*\*\*FIESTA\*\*\*FIESTA\*\*\***

***(for Purchasing, Treasurer or Organizing Committee Chair use Only)***

Purchasing, Treasurer or Committee Chair

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Amount \_\_\_\_\_

**NOTE: No reimbursements without this form. TAPE all receipts on the bottom of this sheet or on an extra sheet of paper. Please keep a copy for your records. Submit all receipts to the school office c/o Diana DeJesus or Myrna Zelaya All Saints Fiesta.**

**ANY RECEIPTS SUBMITTED AFTER OCTOBER 15<sup>TH</sup> WILL NOT BE REIMBURSED!!!**