Mount Saint Mary's Academy Mercy Guild Organization

Reimbursement form for Expenses

Name of Payee: _____Date_____/_____/_____

Address: _____

Phone Number: _____

Purchased for Function Name: _____

Date Purchased	Items Purchased and Vendor Name	Amount($)

Please attach the original receipt to this form when submitting a request for reimbursement of funds. Should you have any questions please contact Claudia Damiano, Treasurer Mercy Guild at Claudiatrav2@aol.com or 908 359-1629(H).

Date paid_____/____/____ Check Number# _____

Donation: _____