

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.