

**ST. JOSEPH'S SCHOOL
ST. JOSEPH'S PARENTS' ASSOCIATION
EXPENDITURE APPROVAL FORM ****

**** PLEASE NOTE: St. Joseph's does not reimburse sales tax.**

Please take a Sales Tax Resale Exemption Certificate - Form ST101 and present it to vendor to avoid being charged sales tax.

COMMITTEE/EVENT: _____

PAY TO: _____ **SUBMITTED BY:** _____

Please fill out form completely, attach all original receipts and submit to event chairperson.

Do not turn in to front office until signed by event chairperson!

Chairperson will sign and place in folder in office and will await treasurer's signature.

Signatures must be completed prior to reimbursement.

Please allow at least one week for checks to be processed.

DESCRIPTION OF ITEMS/SERVICES PURCHASED: _____

_____ **Festival of Trees**
 *Craft Supplies \$ _____
 *Registration Fee \$ _____
 *Other (describe below) \$ _____

_____ **Fall Dinner & Carnival**
 *Grocery Supplies \$ _____
 *Non-food Supplies \$ _____
 *Carnival Supplies \$ _____
 *Office Supplies \$ _____
 *Decorations \$ _____
 *Wine/Beer permit \$ _____
 *Other (describe below) \$ _____

_____ **Father Daughter Dance**
 *Decorations \$ _____
 *Entertainment \$ _____
 *Food \$ _____
 *Other (describe below) \$ _____

_____ **Crab Feed**
 *Space Rental \$ _____
 *Non-food Supplies \$ _____
 *Office Supplies/Services \$ _____
 *Live Auction \$ _____
 *Auctioneer \$ _____
 *Silent Auction \$ _____
 *Raffle \$ _____
 *Decorations \$ _____
 *Art Project **(\$150 Max)** \$ _____
 *Other (describe below) \$ _____

_____ **Fun Run**
 *Grocery Supplies \$ _____
 *Non-food supplies \$ _____
 *Office Supplies/Services \$ _____
 *Other (describe below) \$ _____

_____ **Hospitality**
 *Supplies \$ _____
 *Food \$ _____
 *Other \$ _____

Other: _____

TOTAL AMOUNT: \$ _____

(Excluding sales tax)**

APPROVED BY:
 May be approved by email.

Event Chairperson: _____ Date: _____

Treasurer: _____ Date: _____

SJPA President: _____ Date: _____

(Amounts over \$500 **must** have SJPA President signature.)