



St. Michael School P.L.U.S. Committee  
Reimbursement/Check Request  
TO BE GIVEN TO PLUS TREASURER

*Receipt(s) must be attached. Tax cannot be reimbursed.  
Use the Texas Sales and Use Exemption Certificate available from your Committee Chairs.*

Date: \_\_\_\_\_ P.L.U.S. Committee: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Address (if mailing or vendor) \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Description of Expense: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Circle Needed By:    Next Run            ASAP            Date: \_\_\_\_\_

Other: \_\_\_\_\_

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

Contact phone or email: \_\_\_\_\_

Area reserved for PLUS Treasurer – Do not complete.

**Date Received:** \_\_\_\_\_ **Approved By:** \_\_\_\_\_  
**(PLUS Treasurer)**

**Date Reimbursed:** \_\_\_\_\_ **Check#:** \_\_\_\_\_