

**St. Simon Parish Life Group
Event Expense & Request for Reimbursement Form**

Event Name: _____
Event Date(s): _____
Chairperson: _____

Expense Detail

Description	Supplier	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total cost: _____
Less advanced funding (if applicable): _____
Total amount due: _____

Note: All receipts should accompany form and should be sent to:

Patty Subick, PLG Treasurer
St. Simon Parish Office
1860 Grant Road
Los Altos, CA 94024

OR drop off at the Parish Office
c/o PLG

Questions? Please call 408-505-6870

THANK YOU!

Name and Address of Person to be Reimbursed:

Your phone number in case of questions: _____