

FRIENDS
OF ST. DAVID'S SCHOOL

Request for Payment/Reimbursement

**** ALL REQUESTS MUST BE ACCOMPANIED BY RECEIPTS ****

Date of Request: _____

Committee: _____

Committee Chair Approval: _____

Item(s): _____

Make check payable to: _____

Check to be sent to (address): _____

Amount: _____

Phone number (for questions): _____

Special Instructions: _____

Please leave this request in the Friends Box located in the Upper School Office or mail to the Friends Treasurer, Amanda Daniels, 124 Flint Point Lane, Holly Springs, NC 27540

***Feel free to call with any questions:
552-4034*

Check #: _____
Date paid: _____
Paid by: _____