ST. JOSEPH MONTESSORI SCHOOL Family Association Reimbursement Guidelines

The following guidelines should be used when needing reimbursement for an expense made on behalf of the SJMS Family Association (FA). Please contact a member of the FA Executive Committee should you have questions about your particular situation.

- Please use the Reimbursement Form any time you need money refunded to you or if you need a check before an event or expenditure.
- You must attach a receipt or purchase order to the Reimbursement Form in order to be reimbursed. Cash register receipts should be clearly understood. If not, please attach a list of purchases to the receipt for clarity. It is preferred that FA purchases not be mixed with personal purchases on a receipt. Try to have separate receipt for FA purchases to eliminate any confusion.
- Vendors may be paid directly by SJMS rather than incurring the cost directly and then having to request reimbursement.
- Do not exceed your budgeted expenditures. Any overages must be approved by the FA
 Executive Committee. Please notify the FA President or Treasurer regarding the reason for the
 additional funds. Whenever possible, gain approval on the overages before they are incurred to
 ensure proper funds are available.
- Requests for reimbursements must be submitted to the SJMS office manager Sandy Mason or the FA teasurer (Sam will put it in their mailbox) within 45 days of expenditure or by the end of the Fiscal Year (June 30th), whichever comes first.
- Individuals who make a purchase on behalf of SJMS/SJMS FA should use the Tax Exempt ID
 in order to avoid paying sales tax when possible. While everyone should strive to be thrifty
 when making purchases for the school, sometimes the best price will include sales tax. It is
 perfectly legal/acceptable to reimburse sales tax on a purchase made for FA use, especially
 when that purchase is the most economical choice.
- Make sure to indicate the budget category on the expense form. If you are unsure of the category, contact the SJMS FA Treasurer for assistance

St Joseph Montessori School Family Association Financial Transaction Report

EVENT	or ACTIVITY:		
	Event or Activity Date:		
E	vent Income Amour	nt: \$	_
R	eimbursement Amo	unt Requested: \$	_
D	escription of items:		
_			
F	amily Association A	ccount to be Debited:	
Check Payable to:			
N	ame:		
A	ddress:		
Submitted By:			
Р	hone Number:		
e-	-Mail Address:		
Approved by Family Association Treasurer:			
		submitted to the SJMS Bookkeeper within 45 days of exp	pense or by June 30, whichever
Page 2 c		Office/Family Association Use Only: Check #:	Date: Amount: \$