

**ST. FRANCIS CENTRAL CATHOLIC SCHOOL
FSA Reimbursement Request Form/Direct Payment Form**

Please complete a separate request for each person and FSA activity.

Date Submitted: _____

Submitted By: _____

Payable To: _____

FSA Activity: _____

Attached Receipts:

Vendor _____ Amount _____

Vendor _____ Amount _____

Vendor _____ Amount _____

Total Amount Requested: _____

Submitted By: _____

Accounting Review

Date Received _____

Approved Y ___ N ___

Approved By _____

Check Number _____

Date _____

Amount: _____

Issued By _____

Denied ___

Reason For Denial _____

To FSA Bookkeeper For Distribution On _____