



## St John the Baptist Catholic School

### Family Participation Hours (FPH) Donated Items Claim Form

This form is to be used to request Volunteer Hours for donated items for school-sponsored events.

Oldest SJB Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Event: \_\_\_\_\_

Date	Company/ Vendor:	Type of Expense:	Amount:
TOTAL:			

You will receive 1 FPH for every \$20 spent WITH receipts. Total/\$20 = \_\_\_\_\_ Hours (FPH)

**ATTACH RECEIPTS TO THIS FORM AND SUBMIT WITH DONATIONS**

This represents an accurate account of my expenses.

\_\_\_\_\_  
Name of Volunteer

\_\_\_\_\_  
Signature of Auxiliary/Faculty/Staff Member

\_\_\_\_\_  
Authorizing this Donation