



REIMBURSEMENT REQUEST FORM

Please fill out this form and attach all receipts.

Please submit all receipts and/or invoices to the Parish office within 2 weeks of expense. Any reimbursement request not accompanied by this form will not be processed until form is completed in its entirety. Please allow 2 weeks for processing.

Your cooperation regarding this request is greatly appreciated.

Person Submitting Request: _____

Date Submitted: _____

Phone Number (home): _____ Other: _____

Check Payable to: _____

Address: _____

Project/Activity: _____

Amount: _____

Purpose and description of expenses:

RECEIPT(S) TOTALING THE AMOUNT OF REIMBURSEMENT MUST BE ATTACHED

Parish Office Use Only

Expense(s) Approved by: _____ Date Received: _____

Paid Date: _____ Amount Paid: _____ Check #: _____

Account: _____

Notes: _____

