

REQUEST FOR REIMBURSEMENT

PLEASE COMPLETE ALL LINES

DATE _____ NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

PARISH COMMITTEE _____

WHAT PURCHASED	WHERE PURCHASED	PRICE	BUDGET # (Staff Use)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL REIMBURSEMENT _____

PLEASE ATTACH RECEIPTS

PLEASE GIVE TO COMMITTEE CHAIRPERSON OR TURN IN AT PARISH OFFICE. THIS FORM MUST BE SIGNED BY THE PERSON REQUESTING REIMBURSEMENT AND INITIALED BY STAFF PERSON RESPONSIBLE FOR BUDGET USED.

SIGNATURE _____ INITIALS OF STAFF MEMBER _____