Request for Reimbursement

Please complete all lines.
PLEASE ATTACH ORIGINAL RECEIPTS AND A PHOTOCOPY OF ALL RECEIPTS.
(Keep a second copy of receipts for your records)

Date _____ Name _____ Phone _____

Address _____City _____Zip _____

Parish Committee _____

What Purchased	Where Purchased	Price	Budget # (Staff Use)

Total Reimbursement: $0.00

Please give to committee chairperson or turn in at Parish office. This form must be signed by the person requesting reimbursement and initialed by the staff person responsible for budget used.

Signature _____ Initials of Staff Member _____