

# 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 \_\_\_\_\_

<u>What Purchased</u>	<u>Where Purchased</u>	<u>Price</u>	<u>Budget # (Staff Use)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Reimbursement:** \_\_\_\_\_

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** \_\_\_\_\_