

Hospitality Reimbursement Form

Star of the Sea Parish
Father Ravasi – Spanish Sunday Latin Mass

Instructions

Please complete this form and submit it with all receipts for reimbursement.

Lead Information

Name: _____

Phone Number: _____

Email: _____

Hospitality Date: _____

Expense Summary (Maximum Reimbursement: \$300)

| Date | Item Description | Vendor/Store | Amount (\$) |
|------|------------------|--------------|-------------|
|------|------------------|--------------|-------------|

Total Calculation

Subtotal: \$ _____

Total Amount Requested: \$ _____

Note: Total reimbursement max is \$300

Submission Checklist

- form Completed
- Attached all receipts (copies or originals)
- Verified total amount

Submission Method

- Email Submission – Send to: albertnimri@gmail.com
- Physical Submission – Drop off at: Rectory Office

Attention: Deacon Albert

Make Check Payable To

Name: _____

Reimbursement Delivery

- Mail Check
- Pick Up at Church Office

Mailing Address (Required if Check is Mailed)

Street Address: _____

City: _____ State: _____ Zip: _____