REIMBURSEMENT REQUEST
ST. MARY OF THE PRESENTATION #610

Ministry / Committee: XXX- SELECT FROM DROPDOWN

Date of Request: / / 20

Date of Service(s): / / 20

Requested By:

Name of Payee:

Amount of Disbursement: $

Reason for Request:

Check One: ☐ Invoice Attached ☐ Receipt Attached

Committee Chair Signature:

Office Authorization Signature:

Second Authorization Signature:
(If requested amount exceeds $500.00)

Date Processed: / / 20

Check Number: