REIMBURSEMENT REQUEST
ST. MARY OF THE PRESENTATION #610

Ministry / Committee:

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: