

ST. JAMES PRESBYTERIAN CHRUCH
Request for Reimbursement

Payee: _____ Date: _____

Description of items purchased (receipts must accompany request)

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

This section for office use only	
_____	\$ _____
Budget Account	_____
_____	\$ _____
Budget Account	_____
_____	\$ _____
Budget Account	_____
_____	\$ _____
Budget Account	_____
Approved By: _____	Date: _____ Check#: _____

Please avoid purchasing personal items on the same receipt.

ST. JAMES PRESBYTERIAN CHRUCH
Request for Reimbursement

Payee: _____ Date: _____

Description of items purchased (receipts must accompany request)

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

This section for office use only	
_____	\$ _____
Budget Account	_____
_____	\$ _____
Budget Account	_____
_____	\$ _____
Budget Account	_____
_____	\$ _____
Budget Account	_____
Approved By: _____	Date: _____ Check#: _____

Please avoid purchasing personal items on the same receipt.