

REIMBURSEMENT FORM

CHECK REQUEST

Please tape (not staple) all receipts separately to the back of this request.

Use additional blank sheets of paper as needed.

Submit to Business Manager or Development Office when complete.

Date: _____

TO: Parish Manager

Please ISSUE CHECK to:

NAME: _____

ADDRESS: _____

(Required) _____

Total Amount Owed: _____

*Please note that tax will not be reimbursed.

Itemized Detail

Amount (do not include tax)	Store	Purpose (classroom materials, hospitality, etc)	Code (for office use)

Requestor's Signature: _____

Office Signature: _____

