



Payment Request Form

Please complete this form. Attach all invoices, receipts, and/or documentation that support this request to the back. Then, give these to the Parish Administrator.

Please note: Requests are sent to the bookkeeper on Mondays. Reimbursement checks often take up two weeks from that date to be received.

Date: _____

Payable to: _____

Name

Street Address or P.O. Box

City, State ZIP

If there are multiple receipts, please list them separately:

ACCOUNT #	DESCRIPTION OF EXPENSE	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL: _____

From: _____

Program or Committee Name

Special Delivery Instructions:

- ☐ Send to recipient address
- ☐ Return to church

OFFICE USE ONLY

Approved for payment by

_____ Date _____

Check signed by

_____ Date _____

Check prepared by Tina Rodriguez, bookkeeper