



# 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
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**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 \_\_\_\_\_

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Check prepared by Tina Rodriguez, bookkeeper