

St. Peter's Parish Church

Request for Reimbursement Form

Items below to be filled in by person requesting payment. Underlined fields are required!
 Attach invoice, sales receipts, or credit card receipt.

<u>Payee</u> (Person Requesting Reimbursement)	
<u>Payment For</u> (Description of items purchased or services received)	
<u>Amount Paid</u>	\$
St. Peter's G/L Account Number(s)	
<u>G/L Account Description(s)</u>	
G/L Account Owner(s)	
<u>Authorizing Person</u> (if not G/L owner)	(May attach e-mail authorization)
Authorizing Signature	
Authorization Date	

Items below to be filled in by person requesting payment, if not on attached documents.

Payee's Address (If not included on attached docs)	
Vendor Account #	
Vendor Invoice #	
Invoice Date	
Total Invoice Amount	\$
Payment Due By	

Items below to be filled in by person processing payment (or attach check stub)

<u>St. Peter's Check Number</u>	
<u>Check Amount</u>	\$
<u>Check Date</u>	
Mailed Date	