

ST. CHAD'S EPISCOPAL CHURCH

REQUEST FOR REIMBURSEMENT / PAYMENT / DONATION

Date: _____ Amount: _____

Payee: _____
(please print) (not required if this is a donation)

_____ Please pay the attached invoice

_____ Please reimburse me for the attached invoice/receipt

_____ Please record this expense that I have paid as a **donation** to St. Chad's for

_____ Other *(explain)* _____

Purpose of expense _____

Budget line item name / number _____

Submitted by: _____ **Signed:** _____
(Required) (Printed Name) (Signature)

Additional Authorization _____
(print and sign)

- Payments of less than \$250 only requires the submitter's signature
- Payments of \$250 or more require authorization of a Vestry committee chair
- Payments of \$1,000 or more require authorization by the Rector or a Warden
- Payments of \$2,500 or more require authorization by the Rector and a Warden

* Please attach all receipts and invoices