

ST. CHAD'S EPISCOPAL CHURCH

REQUEST FOR PAYMENT OR REIMBURSEMENT

DATE _____ AMOUNT _____

SUBMITTED BY _____

MUST BE SIGNED ON "SIGNATURE" LINE BELOW FOR PAYMENT TO BE MADE

____ PLEASE PAY ATTACHED INVOICE DIRECTLY...OR...

____ PLEASE REIMBURSE _____ FOR THE ATTACHED RECEIPT...OR...

____ PLEASE DONATE _____ TO ST. CHAD'S

____ OTHER (EXPLAIN) _____

PURPOSE OF EXPENDITURE _____

BUDGET LINE ITEM NAME OR # _____

(Please enter name or number of account to charge.)

PRINT NAME _____

SIGNATURE _____

*** SIGNATURE ***

FOR TREASURER'S USE ONLY

DATE _____ PAID _____ ACCOUNT _____ CHECK# _____

(Revised March 2016)