

ST. CHAD'S EPISCOPAL CHURCH

REQUEST FOR REIMBURSEMENT / PAYMENT

Date: _____ Amount: _____

Name: _____
[please print]

Signed & Authorized by _____
[Rector / Warden / Vestry committee chair.]

- Payments of \$250 or more require authorization by 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 pay the attached invoice

_____ Please reimburse for the attached invoice / receipt.

_____ Other (explain) _____

Purpose of expense reimbursement / payment _____

Budget line item name /
number _____

REQUEST FOR DONATED EXPENSE

_____ Please record an expense that I have paid as a donation to St. Chad's. The receipts are attached.

Name: _____

Donated for _____

Donated amount \$ _____