

Parish Reimbursement Form



Name: _____

Address: _____
Street Address *City* *Zip Code*

Phone Number: _____

Please attach receipt here, or if there is more than one attach them to the back of this form, or additional pages.

Next to every item on every receipt, please write what the item is, and what it was bought for.

For auditing and record purposes, incomplete forms will not be processed.

If you need additional room for more than one receipt, you can attach additional receipts to blank pieces of paper and staple them to this form. Checks are written once a week. You will receive your reimbursement in 7-10 days.

By signing here you affirm that everything purchased on these receipts was used for the parish and for the use you indicated on the receipt. All items bought for the parish must be left at the parish for future use. All purchases must be preapproved in advance using the form on the back.

Signature _____

Total reimbursement amount from all receipts attached \$

PURCHASE REQUEST FORM

ITEMS REQUESTED:

- 1. _____ Estimated Cost _____
- 2. _____ Estimated Cost _____
- 3. _____ Estimated Cost _____
- 4. _____ Estimated Cost _____
- 5. _____ Estimated Cost _____
- 6. _____ Estimated Cost _____

PURPOSE FOR ITEMS REQUESTED:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

ANTICIPATED PURCHASE DATE: _____

SUBMITTED BY: _____ DATE _____

APPROVED: _____

DENIED: _____

SIGNATURE OF PASTORAL STAFF: _____

DATE: _____

YOU MUST SUBMIT THIS FORM ALONG WITH THE ORIGINAL RECEIPTS AND YOUR "PARISH REINBURSEMENT FORM" TO THE PARISH OFFICE WITHIN 10 DAYS OF THE PURCHASE.