

**ST. CHAD'S EPISCOPAL CHURCH**

**REQUEST FOR PAYMENT OR REIMBURSEMENT**

DATE \_\_\_\_\_

AMOUNT \_\_\_\_\_

SUBMITTED BY \_\_\_\_\_

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

\_\_\_\_\_ PLEASE PAY ATTACHED INVOICE DIRECTLY..... **OR**.....

\_\_\_\_\_ PLEASE REIMBURSE \_\_\_\_\_ FOR THE ATTACHED RECEIPT

\_\_\_\_\_ PLEASE DONATE \_\_\_\_\_ TO ST. CHAD'S  
(this amount)

\_\_\_\_\_ OTHER (EXPLAIN) \_\_\_\_\_

PURPOSE OF EXPENDITURE \_\_\_\_\_

BUDGET LINE ITEM # \_\_\_\_\_

**AUTHORIZATION FOR EXPENDITURE**

PRINT NAME \_\_\_\_\_ COMMITTEE PERSON \_\_\_\_\_

\*\*\*\*\* **SIGNATURE** \*\*\*\*\*

**FOR TREASURER'S USE ONLY**

DATE \_\_\_\_\_ PAID \_\_\_\_\_ ACCOUNT \_\_\_\_\_ CHECK# \_\_\_\_\_