

ST. JUDE THE APOSTLE EPISCOPAL CHURCH

REQUEST FOR REIMBURSEMENT

Check payable to: _____

Amount: _____

Charge Account: _____

Purpose of Expense: _____

Special check delivery? _____

Date: _____

Person making request: _____

Approved by: _____

****Please note: You cannot submit this electronically. We need to have the original receipts for our records. You can attach receipts and put in the treasurer's box in the Farmhouse Office.***