

**ST. JUDE THE APOSTLE EPISCOPAL CHURCH**

**REQUEST FOR REIMBURSEMENT**

**After filling this out, please put it in office mailbox.**

Check payable to: \_\_\_\_\_

Amount: \_\_\_\_\_

Account # to charge:

\_\_\_\_\_

Purpose of Expense:

\_\_\_\_\_

Date: \_\_\_\_\_

Person making request: \_\_\_\_\_

Mail? \_\_\_\_\_ Distribute to? \_\_\_\_\_

Approved by: \_\_\_\_\_

**Checks are processed only on Monday.**

**1.) You cannot approve your own request.**

**2.) To receive a check in the most expedient way, return by Friday 9:00 am.**

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