



ST. ALOYSIUS CATHOLIC CHURCH

REQUEST FOR PAYMENT OR REIMBURSEMENT

Today's Date:			
From: <i>If reimbursee is not employed staff, return completed form to ministry's designated staff liaison</i>			
Payable To: <i>Company Name on invoice or Full Name of reimbursee</i>			
Cell Number to call when ready: <i>If check will be picked up</i>			
Complete Mailing Address: <i>If check is to be mailed</i>			
		Invoice Amount or Reimbursement Total: <i>Calculated from 'Amount' column below</i>	
Describe Purposes of Expenses / Reason for Reimbursement:			
<i>An invoice (for payment) or receipt (for reimbursement) MUST be attached. One check issued per request form. Checks are processed once a week. All requests on the bookkeeper's desk by 10AM Tuesday will be ready/mailed by Wednesday at 10AM.</i>			
Charge To: <i>Account number, Description and Amount all REQUIRED.</i> <i>Account numbers should be six digits and begin with a 4</i> <i>Payment amount may be split/charged to multiple account numbers.</i>	Account Number	Ministry / Account Description	Amount
		Total:	
***** Church office use only *****			
Staff approval:	Business Manager: _____		Ministry Designated Staff Liaison: _____
Date Paid:			
Check Number:			