



# ST. ALOYSIUS CATHOLIC CHURCH

## REQUEST FOR PAYMENT OR REIMBURSEMENT

<b>Today's Date:</b>			
<b>From:</b> <i>If reimbursee is not employed staff, return completed form to ministry's designated staff liaison</i>			
<b>Payable To:</b> <i>Company Name on invoice or Full Name of reimbursee</i>			
<b>Cell Number to call when ready:</b> <i>If check will be picked up</i>			
<b>Complete Mailing Address:</b> <i>If check is to be mailed</i>			
		<b>Invoice Amount or Reimbursement Total:</b>	
<b>Describe Purposes of Expenses / Reason for Reimbursement:</b>			
<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>			
<b>Charge To:</b>  <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>	<b>Account Number</b>	<b>Ministry / Account Description</b>	<b>Amount</b>
		<b>Total:</b>	
	<i>(Total should equal 'Invoice Amount or Reimbursement Total' above)</i>		
***** Church office use only *****			
<b>Staff approval:</b>	<b>Business Manager:</b> _____		<b>Ministry Designated Staff Liaison:</b> _____
<b>Date Paid:</b>			
<b>Check Number:</b>			