

Chairperson must turn in receipts 2 weeks after event.

St. Joseph Parish (Maysville)

Expense Reimbursement Request Form

Ministry ______

Name of Person _______

Total Amount of Check _______

Please give your receipts to chairperson immediately after function, in order to ensure reimbursement.

Date _______

Check # ______

al Allount of Check			
DATE	PAID TO	DESCRIPTION	AMOUN ⁻
		TOTAL 5/25/105 TIME 5/25	
		TOTAL EXPENSE THIS SIDE	
		TOTAL EXPENSE BACK SIDE	
		TOTAL EXPENSE BOTH SIDES COMBINED	