

REIMBURSEMENT/ BILL PAYMENT REQUEST

Use paper clip to attach invoice and/or receipt.



Reimbursement Policy

1. All reimbursements must have the proper documentation to substantiate the amounts requested. In other words, receipts must be attached. If there is not a receipt a check will not be issued.
2. Bill Payment/Reimbursement Request Forms must be fully and legibly completed.
3. The person requesting reimbursement cannot be the person who approves the request. For example, if the Chairperson is requesting reimbursement, the Co-chair, Senior Warden, Junior Warden, Rector, or Interim Rector must approve the payment.
4. In the case of a husband and wife co-chairing a committee, the Senior Warden, Junior Warden, Rector, or Interim Rector must approve the payment.

Approved by the Vestry: 6/21/11, and 3/21/17.

Vendor or Payee

Name on Bill or Invoice

Date of Service

Date Due

Total Amount

Fund (Check one)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> General | <input type="checkbox"/> Op Reserve |
| <input type="checkbox"/> Capital | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Choir/Music | <input type="checkbox"/> Rector Search |
| <input type="checkbox"/> Flower | <input type="checkbox"/> Rec Discretion |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Shadley |
| <input type="checkbox"/> Jane's Walk | <input type="checkbox"/> Skinner Organ |
| <input type="checkbox"/> Memorial | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Mem Garden | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Other _____ | |

Bookkeeper

Received Date

Check Date

Check Number

Payment (Check One)

Office Mailbox

Name or Committee

Other

E.g. ACH Debit, Gift Card, Credit Card

US Mail

Address (If Not on Invoice)

City, State, and Zip

Line Item (See Budget)

Print Committee Name

Approved by (Check only one)

- | |
|---|
| <input type="checkbox"/> Committee Chair or Co-Chair |
| <input type="checkbox"/> Sr Warden <input type="checkbox"/> Jr Warden |
| <input type="checkbox"/> Rector <input type="checkbox"/> Interim Rector |

Printed Name (Person Approving)

Signature (Required)

Additional Information

Reimbursement

To the person who paid the Vendor or Payee.

Printed Name (Person to Be Reimbursed)

Signature (Required)