



St. Patrick
CATHOLIC CHURCH

REIMBURSEMENT REQUEST FORM

Complete this form and attach all receipts.

Submit all receipts and/or invoices to the Finance Office within 2 weeks of expense. Any reimbursement request not accompanied by a completed request form and all receipts will not be processed. Please allow 2 weeks for processing.

For any questions, please contact the Finance Office at: (512) 759-3712 ext 103
or email: *finance@stpatrickhutto.org*

Person Submitting Request: _____

Date Submitted: _____

Phone Number (home): _____ Other: _____

Check Payable to: _____

Address: _____

Project/Activity: _____

Amount: _____

Purpose and description of expenses:

**RECEIPT(S) TOTALING THE AMOUNT OF REIMBURSEMENT
MUST BE ATTACHED**

Finance Office Use Only

Expense(s) Approved by: _____ Date Received: _____

Paid Date: _____ Amount Paid: _____ Check #: _____

Account: _____

Notes: _____

