

**SAINT THOMAS THE APOSTLE PARISH
CHECK REQUEST OR REIMBURSEMENT REQUEST**

Complete this form only if you do not have an invoice. Please staple receipts to the back of this request so they hang down the long way.

PAYEE NAME : _____ REQUESTER NAME: _____

ADDRESS: _____ REQUESTER PHONE or EXT: _____

CITY, STATE, ZIP: _____

DATE OF REQUEST: _____

DATE	DESCRIPTION AND BUSINESS PURPOSE	AMOUNT	ACCOUNT #
	Total		

See guidelines and requirements on reverse side.

I certify that all amounts I am requesting reimbursement for comply with Parish Policies.

Requesting Signature: _____ Date: _____

Approving Signature: _____ Date: _____

Office Use Only	Initials	Office Use Only
Verified all documentation is attached and appropriate.		Paid on check No. _____
Verified all account numbers and signatures.		Date: _____

.....*cut here*.....

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Guidelines and Requirements

1. Supporting documentation (receipts, conference forms, etc.) must be attached for all expenses.
2. Please attach receipts to the left-hand corner in the order listed, so they hang down the long way.
3. Any undocumented expenses will not be reimbursed.
4. Meal/Gift documentation must also include names of all individual recipient(s)
5. Reimbursement for the purchase of Gift Certificates are prohibited unless approved in advance by the Coordinator of Finance.
6. All requests for payments must be approved by proper approving official (normally the staff person who controls the budget of the accounts being charged.)
7. All request for reimbursement must comply with the Parish's Expense Reimbursement policies
8. Requests should be submitted by Friday for the following Wednesday check run.

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