

St. Bartholomew's Episcopal Church

REIMBURSEMENT FORM

Name (make check payable to): _____

Address: _____

Date: _____

Total Amount: _____

Telephone # : _____

Explanation : _____

Account # : _____

Committee: _____

Description: _____

Amount: _____

Requested by: _____

Approved by: _____

Instructions: (circle one) Mail / Give to:

Date Required _____

All reimbursement forms must be approved by a Vestry member, committee chair, or designated staff person. Committee chairs seeking reimbursement must request approval by either their committee co-chair or from the Treasurer, Senior Warden or Chair of the Finance Committee. *No-one may approve his/her own request for reimbursement.*