

Saint Ambrose Parish EXPENSE REIMBURSEMENT

Requisitions received by Monday 10:00 am will be processed the same week. Incomplete or inaccurate requests may result in the reimbursement being delayed.

Employee Name:	Date Requested:
Address:	Dept:
Email:	
Phone #:	

Please attach original receipts supporting all expenses.

Parish Finance Council, based on Best Accounting Practices, requires documentation for all reimbursements.

Please check one:

- Return check to requestee
- Return check to: _____
- Mail check to: (please provide name and address if different than above)

Name: _____
Address: _____

Approvals: _____
Supervisor; \$199 or less _____

Pastor; \$200 or more _____

Date: _____

Date: _____

To be completed by Business Office
Date Rec'd: _____ Date Entered ACS: _____ Month Posted: _____