

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.

Date	Vendor	Expense Description/Reason	Ministry/COA	Amount	Parish or School	
				TOTAL EXPENSE	-	

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	Date: _____
_____ Pastor; \$200 or more	Date: _____

To be completed by Business Office

Date Rec'd: _____	Date Entered ACS: _____	Month Posted: _____
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