



St. George's
Episcopal
Church

Requisition of Funds / Reimbursement for Expense Incurred

Date: _____
(MM-DD-YYYY)

Name: _____
Address: _____
(non-staff) _____

Brief description of services or items required (requisition)
or services rendered or items purchased (reimbursement):

Amount of requisition (exact or estimated) or amount to be
reimbursed (tally and attach receipts): _____
(Audit requirement: receipts must be submitted prior to reimbursement)

Responsible Commission or Committee: _____

Applicable Budget Line Item(s): _____

Applicable Account Code(s) (if known): _____

Comments:

Approved by: _____ Date: _____
(Usually Rector, Parish Administrator, Business Manager, Treasurer or Commission Chairperson)

Maximum to be reimbursed when approved in advance of purchase. \$ _____

(Note: Contact Business Manager for Tax Exempt form to avoid paying sales tax.)