St. Paul Women's Guild Reimbursement Request

Today's Date: _____ **Total:** **$** _____

Payable To: _____

Address: _____

_____

Description of Function or Event: _____

_____

Date	Purpose/Item	Amount	Receipt Available? Yes	No
	Total Amount	**$**		

Note: Please give a Texas sales Tax Exemption Certificate form to merchants when making a purchase on behalf of St. Paul. Contact treasurer for form. Sales tax will not be reimbursed.

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Printed Name of Requestor: _____

Signature of Requestor: _____

Approved by: _____

Treasurer:

Jeanie Curto 214-207-4729

St. Paul the Apostle Women's Guild
c/o Jeanie Curto
6301 Clear Creek Dr
Garland, TX 75044