

4 Parish Reimbursement Form

Original invoices / receipts must be attached in order to receive reimbursement.

Holy Rosary

Good Shepherd

OLPH

Sacred Heart

Date	Describe Item	What are items for?	Amount
Total Reimbursement			

Purchaser's Printed Name _____

Purchaser's Signature _____ Date _____

Employee Signature _____ Date _____

Approval Signature _____ Date _____