



## Request for Payment/Reimbursement

The Episcopal Parish of St. John the Evangelist

Item \_\_\_\_\_

Amount \_\_\_\_\_

Payable To \_\_\_\_\_

*Address* \_\_\_\_\_

Purpose \_\_\_\_\_

Name of Account to Charge \_\_\_\_\_

Account Number \_\_\_\_\_

*The Expense Account sheet is underneath these request forms for your convenience..  
Bills will not be paid without the correct account number and authorization.*

\_\_\_\_\_  
Signature of person requesting Date

\_\_\_\_\_  
Signature of person approving Date

Attach receipts to the back, if applicable.

Please leave in office (Nancy's mailbox) for payment.

Thank you!