

Reimbursement/ Check Request Form | St. Elizabeth Ann Seton Parish, Richmond, IN

Check payable to: _____ Date: _____

Mail check to: _____

Details of purchase	Religious Education	<input type="checkbox"/>	Amount: \$ _____
	Youth Ministry	<input type="checkbox"/>	Amount: \$ _____
	Technology/Media	<input type="checkbox"/>	Amount: \$ _____
	Office	<input type="checkbox"/>	Amount: \$ _____
	Sacristy/Sanctuary	<input type="checkbox"/>	Amount: \$ _____
	Worship/Literature	<input type="checkbox"/>	Amount: \$ _____
	Rectory	<input type="checkbox"/>	Amount: \$ _____
	Mileage	<input type="checkbox"/>	Amount: \$ _____
	Utilities	<input type="checkbox"/>	Amount: \$ _____
	Cleaning supplies	<input type="checkbox"/>	Amount: \$ _____
	Maintenance	<input type="checkbox"/>	Amount: \$ _____
	Fundraising	<input type="checkbox"/>	Amount: \$ _____
Charity/CWU/Other	<input type="checkbox"/>	Amount: \$ _____	
Wedding/Sacraments	<input type="checkbox"/>	Amount: \$ _____	
Total Amount:			\$ _____

Please check what is applicable

Budgeted Designated

Grants No. _____

Hubbard No. _____

Approved Yes No

Receipts/Invoice attached

Remarks:

Account: _____

Pastor's approval: _____

Name/Signature: _____