

St. Paul Women's Guild Reimbursement Request

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

Payable To: _____

Address: _____

Description of Function or Event: _____

<u>Date</u>	<u>Purpose/Item</u>	<u>Amount</u>	<u>Receipt Available?</u>	
			<u>Yes</u>	<u>No</u>
Total Amount		\$		

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

Printed Name of Requestor: _____

Signature of Requestor: _____

Approved by: _____

Treasurer:

Sandra Linex 972-235-0253

St. Paul the Apostle Women's Guild
 P.O. Box 830773
 Richardson, TX 75083-0773