## St. Paul Women's Guild Reimbursement Request

Today's Date:	Tota	al: <u></u> \$	_	
Payable To:				
Address:			<u>-</u> -	
			_	
Description of F	unction or Event:			
Description of r	unction of Event.			
			Receipt A	vailable?
<u>Date</u>	<u>Purpose/Item</u>	<u>Amount</u>	<u>Yes</u>	<u>No</u>
1	Fotal Amount	\$		
r Sales tax	ve a Texas sales Tax Exemption Cer naking a purchase on behalf of St. I will not be reimbursed. reasurer for forms.		erchants w	hen
	Printed Name of Requestor:			
	Signature of Requestor:			
	Approved by:			
<u>Treasurer:</u>				
Karen Minato	214-683-1682			

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