



Catholic Churches of South Washington County

St. Augustine, Williamsport
St. James, Boonsboro
St. Joseph, Hagerstown

Reimbursement Request

**REQUESTOR'S
NAME:** _____

ADDRESS: _____

SUBMIT COMPLETED FORM TO:
Dawn McDonald
St Joseph Catholic Church
17630 Virginia Avenue
Hagerstown MD 21740

Date		Receipt Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If no, attach line item detail of amount.</small>
Amount of Reimbursement	\$	Split Expense?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, explain in description below</small>
Church	<input type="checkbox"/> St Augustine <input type="checkbox"/> St James <input type="checkbox"/> St Joseph		
Event			
Description of Expense			
Requested by Signature			
For Authorizing Use only:			
Amount Approved	\$	Received By:	
Authorizing Signature			
For Business Office Use only:			
Account Number	GL# GL# GL# GL#	Check #	