

St. Francis de Sales Church

20 Desales Ave. Lebanon, OH 45036

Phone: 513-932-2601

Email: solsen@stfrancisdesales-lebanon.org

Expense Reimbursement Request

Today's Date: _____ Name: _____

Address: _____

Mailing of Check

Purpose/Funtion: _____

Due to Parish Office by the 5th of the month following the month of expenditure, or as soon after event as possible.

- Please have approved by the event chair, director, etc. before submitting to Parish Office.
- Invoices/reimbursements processed Monday of each week.
- Tax exempt forms and information are available from the Parish Office.

Please note: Sales tax will not be reimbursed.

| Receipt From: | Description of Expense: | Amount: |
|---------------|-------------------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Approved By: _____

Date: _____

Total: _____