

Our Lady of Consolation Church
Reimbursement / Payment Request
(Original receipts & Purchase Order MUST be attached)

Today's Date: _____ Amount: _____ Invoice / PO number: _____

Payee: *(Please print)* _____

Address: _____

*Date of purchase/expenditure: _____

*Purpose of the purchase/expenditure: _____

*Provider/Vendor: _____

Names of others who benefited from this purchase/expenditure: _____

Budget / Ministry to debit: _____

Signature of person making request: _____

Approved by: _____ Title: _____

Contact Information for person requesting funds

Name *(please print)*: _____

Mailing Address: _____

Phone number: _____ Email address: _____

Will pick up check myself at Church Office Yes / No Please mail Yes / No
Checks not picked up within one business week after issuance will be mailed to the Payee.

*Attached Purchase Order will suffice.

All organization member requests must have required signature approval from organization chair or commission head before requisition will be processed. Checks should be approved on the basis of an original