

St. Vincent de Paul Church
Reimbursement Check Request Form

Check Payable to: _____ Date: _____

Address: _____

City/State/Zip: _____ Phone#: _____

Parish Amount: \$ _____

Youth Amount: \$ _____

Religious Ed Amount: \$ _____

Bereavement Amount: \$ _____

Seniors Group Amount: \$ _____

Altar Society Amount: \$ _____

*RECEIPTS ATTACHED Total Amount: \$ _____

Please check all that apply

<u>Category</u>	<u>Description</u>
Event/Program <input type="checkbox"/>	_____
Maintenance <input type="checkbox"/>	_____
Church Supplies <input type="checkbox"/>	_____
Mileage <input type="checkbox"/>	_____

Signature: _____

Pastor's Approval: _____