

St. Nicholas Orthodox Church  
**REIMBURSEMENT REQUEST**

**Directions:** Please print and staple all receipts and invoices to the back of this form.

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Is this a ministry/committee expense?  Yes  No

If yes, please provide the name of the ministry/committee: \_\_\_\_\_

Reason/Purpose for Expense:

Amount to Reimburse: \$ \_\_\_\_\_

Receipt Attached: (Check one)  Yes  No Invoice Attached: (Check one)  Yes  No  
(Staple ALL receipts and invoices to the back of this form.)

To whom should the check be made payable?

Address: (Required)

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**APPROVAL SECTION:**

- ✓ Approval #1: \_\_\_\_\_ Date: \_\_\_\_\_
- ✓ Approval #2: \_\_\_\_\_ Date: \_\_\_\_\_
- ✓ Account #: \_\_\_\_\_

**TREASURER SECTION:**

- ✓ Handwritten Check:  Yes  No
- ✓ Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_