

St. Nicholas Orthodox Church
REIMBURSEMENT FORM

Today's Date: _____
Your Name: _____

Is this a ministry/committee expense? Yes No
If yes, provide the name of the ministry/committee: _____
Reason/Purpose for this expense: _____

Receipt Attached: (Check one) Yes No
Invoice Attached: (Check one) Yes No
Amount to Reimburse: \$ _____
To whom should the check be made payable? _____
Address: _____

STAPLE receipts and invoices
TO THE BACK of this form.

Account #: _____

Approvals:

Youth Director: _____	Date: _____
Parish Administrator: _____	Date: _____
Pastor: _____	Date: _____
Parish Council: _____	Date: _____
Parish Council: _____	Date: _____