



**EXPENSE REIMBURSEMENT FORM
ST. PATRICK CHURCH WOMEN'S GROUP**

Event Title _____

Event Category _____

Date: _____

Make Check Payable to: _____

Mail Check to: _____

	Description of Expenditure	Amount
1.	_____	_____
2.	_____	_____
3.	_____	_____
	Total Payment	=====

**Receipts must accompany request
All expenses over \$50 require prior Board approval.**

For Treasurer's Use Only:

Date Reimbursed: _____ Check Number: _____



**CHECK REQUEST FORM
ST. PATRICK CHURCH WOMEN'S GROUP**

Event Title _____

Event Category _____

Date: _____

Make Check Payable to: _____

Mail Check to:
(or will pick up) _____

Date Required: _____

Contact Name: _____

Contact Number: _____

Anticipating Check: Y N Follow Up Call Required: Y N

	Description	Amount
1.	_____	_____

**Receipts must accompany request if applicable
All expenses over \$50 require prior Board approval.**

For Treasurer's Use Only:

Date Reimbursed: _____ Check Number: _____

Notify filer of completion: _____