

Request for Reimbursement from St Mary's Altar Guild

PAYMENT REQUEST	Requested By:		Approved By:
	Date Requested:		
ST MARY'S ALTAR GUILD	Amount: \$		

Check Payable to: _____

Payee e-mail addr: _____

Payee mailing addr: _____

NOTE: Payment will NOT be mailed unless specified below:

Payable for (be specific): _____

ATTACH ALL RECEIPTS FOR ITEMS PURCHASED FOR THE CHURCH

SUMBISSION FOR PAYMENT
Place this form and accompanying receipts in Alice Mallick's folder in Church Office or hand directly to her.