

Attach all receipts at right corner

St. Timothy's Episcopal Church
Macedonia OH

REQUEST FOR REIMBURSEMENT

Name: _____

Date: _____

Description of goods purchased:

FOR: Event/Committee/ Group: _____

Dollars spent: _____

(Attach all Receipts)

Approved by Chair of Committee, sign here: _____

For office use only:

OLC- On-line Check account chrgd _____ \$ _____

Transaction Date: _____ **Receipt attached?** Y / N

ACS Reference # _____

Approvals: x _____ **In ACS, Date:**

..... **x** _____ / ____ / ____