

**Holy Martyrs of VietNam Parish
Reimbursement Request Form**

**** Before** making any purchase, complete this form and submit it to the Pastor for pre-approval.
****Please provide a brief explanation of the purpose for this request, and any special instructions.**
****Reimbursements should be a rare occurrence. Please provide the reason that this purchase must be a reimbursement.**
****Please provide order date and received date (if appropriate) in the spaces below.**
****Please attach all pertinent documentation to include order summary, original receipts and proof of payment.**
****Please do not mix personal items with this purchase.**
****Please print legibly.**

Date: _____

Requester/Preparer: _____

Department/Organization/Fund: _____

Vendor Name: _____

Amount: _____

Date Check Needed: _____

Description/Purpose/Reason for Reimbursement: _____

Special Instructions: _____

Order Date: _____

Received Date: _____
(attach packing slip if available)

Please provide the information requested below:

Payee: _____

Phone: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Memo Line of Check: _____
(acct. #, reference #, invoice #, reimbursement, etc.)

REVIEWED BY: _____

DATE _____

APPROVED BY _____

DATE _____

For Accounting Use Only:

Invoice # _____

Amount: _____

Date: _____

Account # _____

Check Amount: _____

Check Date: _____