

ST CHRISTOPHER LADIES GUILD EXPENSE REIMBURSEMENT REQUEST FORM

REQUESTOR: Vicki Marchant

DATE: 9/20/2016

COMMITTEE: _____

CONTACT PERSON & PHONE #: _____

Description of items purchases: (Please attach receipts)	Cost of items purchased:

Total Cost: _____ \$ _____ -

Receipt Attached? Yes No _____
 If no, authorization signature required from Committee Chair (if other than payee) or Ladies Guild officer

Approval signature for expenses without receipt: _____

Make check payable to: _____

Mail check to: _____

Treasurer's Use	
Date Received:	_____
Date paid/Check #:	_____
Date sent out:	_____
Charged to:	_____
Date Entered:	_____

Please attach original receipts behind form on top right-hand side.