

Episcopal Church of the Redeemer

Income Received and Reimbursement Request Form

Income Received

Total Amount \$ _____ (Include calculator tape)

Apply to: A/C # _____ Designated Fund A/C # _____ Operating (Budget)

Name of Account _____

Description _____ Date Submitted _____

Submitted by _____ Daytime Phone _____ Email _____

Maintain copies of this document and calculator tape for your committee records.

For office use only: Deposit/Processing Date _____ Maintain copies & originals in appropriate folder

Reimbursement Request

(All requests must be approved by appropriate vestry or chairperson / No overdrafts accepted)

Yes, the account balance has been verified. Requested by _____

Amount \$ _____ (Include receipt or invoice) Payee _____

Send in Mail** Place in Vestry / Committee Chairman Folder

**Address (for mail) _____

Date _____ Daytime Phone _____ Email _____

Charge A/C # _____ Designated Fund Operating (Budget)

Name of Account _____

Approved by (vestry or chairperson) _____ Date _____

Maintain copies of this document and receipt for your records.

For Office Use Only: Asst. Treas. Initials _____ Processing Date _____

File: Maintain check copy(ies), receipts, invoices in appropriate folder