



St. George's Episcopal Church

Growing into Christ + Reaching out in Love

The Rev. Joseph H. Hensley, Jr. Rector
The Rev. Gay M. Rahn, Associate Rector
The Rev. Carey D. Chirico, Deacon

Date: _____
(mm-dd-yyyy)

REQUISITION OF FUNDS/REIMBURSEMENT FOR EXPENSE INCURRED

Name: _____

Address (non-staff): _____

Brief description of services or items required (requisition) or services rendered or items purchased (reimbursement) – Attach additional page if necessary:

Amount of requisition (exact or estimated) or amount to be reimbursed (tally and attach receipts): \$ _____
(Audit requirement: receipts must be submitted prior to reimbursement)

Responsible Commission or Committee: _____

Applicable Budget Line Item(s): _____

Applicable Account Code(s) (if known): _____

Comments: _____

Approved by: _____ Date: _____
(Usually Business Manager, Treasurer or Commission Chairperson)

Maximum to be reimbursed when approved in advance of purchase. \$ _____
(Note: Contact Business Manager for Tax Exempt form to *avoid paying sales tax.*)