Saint Jerome Catholic Church

Reimbursement Request

Your Name____Phone______________

Date Submitted____

Check Payable to____

Full Address____

Your check will be mailed to you.

Date Mailed__________

Project/Account____________________________________ Amount$____________

Reason for Reimbursement____

Receipt(s) totaling the amount of reimbursement must be attached. In accordance with our policy, this form and receipts must be submitted within 45 days of the event or the request will be denied.

Approved by Fr. James______________________________ Date________________

Approved by Karen Fell______________________________Date________________