



St. Bruno Catholic Church Reimbursement Request Form

Date: _____ (please print clearly)

Payable to: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Briefly describe the pre-approved purchase and the purpose of the purchase:

Amount: _____

The above mentioned items were paid for by me and all original receipts are attached. These items have been purchased for the benefit of the Church.

Signature: _____

NOTE: Original receipts are required for all reimbursements and are to be attached in an orderly fashion to the back of this page. Please allow 7-10 working days for reimbursement.

FOR OFFICE USE ONLY:

Pastor Approval: _____ Date: _____

Account(s) to be Charged: _____ Check No.: _____

Amount to be Charged: _____ Date Check: _____