



St. Bruno Catholic Church
Reimbursement/Check Request Form

Date: _____

All expenses must have a copy of the approved purchase order attached or be pre-approved by the Pastor. *(please print clearly)*

Payable to: _____ Amount: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

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

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: _____