

St. Florence Catholic Community
Reimbursement Form

Instructions For Reimbursement:

1. Fill out form
2. Attach receipt
3. Give to the Priest for approval/submission to Office Manager (Judy) or put in collection

Reason for Receipt/Reimbursement Request: _____

Amount of Reimbursement _____ Date Form Completed _____

Make Reimbursement Check Payable to: _____

Mail Reimbursement Check to:

Name: _____

Address: _____

Submitter Contact Information (in case of any questions)

Name _____ Phone _____

Email _____

Approval (required if over \$75): _____ Yes _____ No

Priest Approval Signature _____ Date _____

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