



ST. JAMES
EPISCOPAL CHURCH

Request for Expense Disbursement/Reimbursement

Requested by:
Date:

No. of Receipts Attached

Pay to (if different):
Address:
City/State/Zip:

ITEMIZED EXPENSES:

DATE	DESCRIPTION	ACCT/GL CODE	AMOUNT
TOTAL			

Submitter's signature *Date*

Approval signature *Date*

Comments/notes:

