



St. Matthias Episcopal Church

Reimbursement Request Form

IN KIND CONTRIBUTION? _____

PLEASE ATTACH RECEIPTS

TO: TREASURER

DATE: _____

FROM: _____ PHONE # _____

AMOUNT TO BE DISBURSED: \$ _____

FOR: _____ \$ _____

FOR: _____ \$ _____

FOR: _____ \$ _____

TOTAL: \$ _____

SIGNATURE: _____

ACCORDING TO VESTRY GUIDELINES, NO REIMBURSEMENT CAN BE MADE WITHOUT RECEIPT. THANKS FOR YOUR MINISTRY AT ST. MATTHIAS!