

Office Use Only  
Check # \_\_\_\_\_ Date \_\_\_\_\_

## Parish of St. Michael the Archangel Church Expenses Reimbursement Form

All reimbursement requests must be received no later than 14 days following an event.  
Please staple receipts to this form. Incomplete expense forms will be returned to sender for completion.

**Make Check Payable To:** (Please print neatly)

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Reason for and Description of Expense:**

\_\_\_\_\_

Total Amount to be reimbursed: \$ \_\_\_\_\_

**PLEASE KEEP A COPY OF THIS FORM & ALL RECEIPTS FOR YOUR RECORDS.**

I certify that the above is a true statement, that the expenses claimed were incurred by me on official Parish of St. Michael the Archangel business, and that I have attached original receipts for each expense.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return completed form to Fran Carder – Rectory Office  
Direct any questions to [PSMA.books@gmail.com](mailto:PSMA.books@gmail.com)