

Saint Jerome Catholic Church
Reimbursement Request

Your Name _____ Phone _____

Date Submitted _____

Check Payable to _____

Full Address _____

Your check will be mailed to you.

Date Mailed _____

Project/Account _____ Amount\$ _____

Reason for Reimbursement _____

Receipt(s) totaling the amount of reimbursement must be attached. In accordance with our policy, this form and receipts must be submitted within 45 days of the event or the request will be denied.

Approved by Fr. Raj _____ Date _____

Approved by Karen Fell _____ Date _____