SCS REIMBURSEMENT FORM

scsreimf052018

All requests for reimbursement must include original receipts and packing slips with verification of receipt of merchandise. For payment directly to third party vendors you need to complete the St. Catherine of Siena ***Purchase Order Request Form*** instead of this form with appropriate parish staff authorization signature and original invoice.

REQUESTED BY:
(Name, Address and Phone Number here)

_____

_____

_____

DATE:

TO: St. Catherine of Siena Parish
1125 Ferry Street
Martinez, CA 94553

Item Description	Stock #	Quantity	Unit Price	Total

Purpose of purchase/Ministry:

_____

_____

_____

_____

SHIPPING CHARGES	
OTHER CHARGES	
TOTAL CHARGES	

REQUESTED BY: (signature) DATE:

APPROVED BY: (signature of Office Staff here) DATE:

PROCESSED BY: (signature of Office Staff here) DATE:

DISPOSITION OF CHECK # _____ By: _____

Mailed on Date: _____

Picked-up On: _____