

Mailing Instructions: _____

ST. CECILIA

Expense Reimbursement*/Check Request Form

*Please attach invoice(s) showing evidence of payment

Payable To: _____ Date Check Needed: _____

Mailing Name: _____

Address: _____

Amount: _____

City/State: _____

Zip: _____

Purpose: _____

Budget: Yes ☐ No ☐

Date: _____ Requested By: _____
signature

Approved by: _____
(authorized signature)

Accounting Distribution
(Complete if known)

Account Number	Class	Amount

FOR OFFICE USE ONLY

1099: Yes ☐ No ☐

8/1/01