



St. David's Episcopal Church and School
Reimbursement Request/Check Requisition/Church Credit Card Form

Check One: Reimbursement Request: [] Check Requisition: [] Church Credit Card: []
(spent or made on behalf of St. David's Episcopal Church and School)

Requestor Name: _____

Purpose of Payment:
[]

Payee/Vendor Name: _____

Vendor POC: _____

Address:

Amount: _____ Due Date: _____

Approved Budget or Ministry Category: _____

Please attach invoice or statement with any special instructions.
Please allow 7-14 business days for reimbursement.

I attest that the expense is authorized through an approved budget line item and that a sufficient balance remains in associated accounts or that I have obtained the required Additional Authorizations, as required by the Payment Processing Standard Operating Procedure (SOP) as outlined in the Ministry Leader Handbook.

(In the case of reimbursement request) I hereby certify that no St. David's credit card or check has been previously used to make this/these purchase(s) and that no check request has been initiated for payment to any vendor for this/these purchase(s). Further, I certify that this/these items/services were not donated by the person or vendor from which it/they was/were obtained.

Requestor's Signature _____ Date _____

Additional Authorization(s) as required by the Payment Processing SOP:

Ministry Leader: _____ Check Signer 1: _____

Accountant: _____ Check Signer 2: _____

Table with 3 columns: For Church Office Use, Account Number, Amount. Rows include CR, DB, Payment Information, Check #, Date Paid, Amount.

Yellow = Ministries; Pink=School; Green = POPS; Blue = Cemetery