

REQUEST FOR PAYMENT/REIMBURSEMENT

DATE: _____

PAY TO: _____

AMOUNT: _____

ADDRESS: _____

FOR: _____

CHARGE TO ACCOUNT:

APPROVED: _____

(Must be signed by person(s) responsible for budget area)

NOTE: RECEIPT OR BILL MUST BE ATTACHED

Office Use: _____

Check #: _____ **Date:** _____ **Reviewed by:** _____

St. Martin's Episcopal Church
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Williamsburg, VA 23185
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