

St. Stephen A.M.E. Church
3042 W. Washington Blvd.
Chicago, IL 60612
Reverend James C. Bailey, Pastor
Church Telephone: (773) 826-7009

INDIVIDUAL REQUEST FOR REIMBURSEMENT*

Payee: _____

(PLEASE PRINT FULL NAME)

Purpose of reimbursement:

Items/Services Purchased:	Purchase Date:	Amount:	Budget Code/ Auxiliary:
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
Total Reimbursement Request:		\$ _____	

Purchase Authorized by: [At least two authorized signatures required]:

Name: _____

Name: _____

Signature: _____

Signature: _____

Title/Org: _____

Title/Org: _____

Payee Signature: _____

Submission Date: _____

* A receipt is required for each purchase listed on this request.

FOR OFFICIAL USE ONLY

Amount Approved: \$ _____

Budget Code(s)/Auxiliary: _____

Approved by: _____

Date: _____

Approved by: _____

