

ST. JAMES EPISCOPAL CHURCH
PURCHASE ORDER/PURCHASE REIMBURSEMENT REQUEST FORM

Please complete this form and submit it to the Church Office for approval anytime you plan to request a reimbursement for money spent on behalf of St. James Episcopal Church. You may mail, fax, or email the form to the Church Office. If the expenditure is approved, a copy of the form noting the approval will be sent back to you. To obtain reimbursement for the expenditure, attach a signed copy of this form to the receipt for the expenditure and mail or deliver the form and receipt to the Church Office.

Requestor Information

Requestor Name: _____
Street Address 1: _____
Street Address 2: _____
City _____ **State** _____ **Zip** _____
Primary Phone: _____
Secondary Phone: _____
Fax Number: _____

Payee Information (write check to) Same as Requestor

Company/Person's Name: _____
Street Address 1: _____
Street Address 2: _____
City _____ **State** _____ **Zip** _____
Primary Phone: _____
Secondary Phone: _____
Fax Number: _____
Web address: _____

This is a Purchase Order Request Reimbursement Request

Item Number (if needed)	Description/Purpose	Amount
Total		

Budget Line Item: _____

Signature of the person responsible for managing this budget line item: _____

Please return the completed form to the person making the request via Standard US Mail Email Fax
******* Provide the appropriate contact information under the Requestor Information section at the top of the form.**

Signature of the person making the request: _____

***** For Church Office Use*****

Request Number: _____

This request is: Approved for the amount of \$ _____
 Disapproved (Reason) _____

Reviewers Signature _____

Title _____

Rector/Senior Warden/Other Title