

St. George Parish & School
Tinley Park, Illinois 60477

CHECK/REIMBURSEMENT REQUEST

Date: _____

Submitted by: _____

School: _____ Religious Ed.: _____ Youth _____ Church: _____

Approved by: _____

Return to requestor: _____ Need check by: _____

OR

Remit payment to payee: _____

Chart of Accounts Number: _____

Requested Amount: \$ _____

ORIGINAL RECEIPT(S) MUST BE ATTACHED FOR REIMBURSEMENT

Payee: _____

Address: _____

Description of item(s) purchased or reimbursed: _____

Purpose/Event for Purchase: _____

All goods received & verified by: _____

Date Paid: _____

Check No.: _____