

WINTON WYOMING PASTORAL REGION
REQUEST FOR PAYMENT OR REIMBURSEMENT

Name and Address of Person To Be Paid [please print]:

Please check the appropriate box: <input type="checkbox"/> St. James of the Valley <input type="checkbox"/> Our Lady of the Rosary <input type="checkbox"/> St. Matthias

Itemization of Expenses

Item/Description	Purpose(ie Office Supplies, Fish Fry)	Amount
	TOTAL	

***Please attach receipts to back of form and return to Church office.**

Person Submitting Request: _____

Signature: _____

Date Submitted: _____

OFFICE USE

Approval Signature: _____

Date: _____

Account # _____

Check # _____

Date: _____