

Attach Receipts here _____ Date _____

WESTOVER PARISH CHURCH
6401 JOHN TYLER MEMORIAL HIGHWAY
CHARLES CITY, VA. 23030
westoverchurch9@verizon.net

REIMBURSEMENT REQUEST

Attach receipts or bills to this form when requesting reimbursement. No reimbursement will be considered unless accompanied by this fully completed form. This will be retained in the bookkeeper's files for audit purposes.

REQUESTED BY _____

AMOUNT OF REIMBURSEMENT:\$ _____

DETAIL PURPOSE/REASON/ITEMS FOR EXPENDITURE:

ARRANGEMENTS MADE FOR HOLD WITH _____ -

*****RECTOR/VESTRY MEMBER AUTHORIZATION*****

Printed Name _____

Signature _____

AUTHORIZATION DATE _____

FOR OFFICE / PAYROLL ITEMS ONLY UNDER THE TWO SIGNATURE LIMIT

TREASURER'S APPROVAL and DATE _____

CHECK WRITE DATE _____

BUDGET LINE ITEM NUMBER _____

CHECK WRITTEN BY _____

TREASURER'S REVIEW _____ DATE _____

See Reverse Side for Instructions
Audit controls for ALL Reimbursements:

As a result of the 2009 audit, the vestry instituted the Reimbursement Form available on our website that must be completed and authorized by the Rector or a member of the vestry in order to be reimbursed.

1. Complete the reimbursement form,
2. Attach the receipts and
3. Place it in either the Rector's, Senior Warden's, Junior Wardens mailbox located in the Library on the left as you enter for their authorization for reimbursement.

They will authorize the reimbursement and put the form in the bookkeeper's mailbox to have the check written. Additional copies of this form are available in a folder under the mailboxes. Allow a maximum of two weeks. If you have any questions, please talk to the Senior Warden.

Remember.....

Reimbursement Check = Completed Reimbursement Form + attached Receipts

If you want the check held for pickup, note it on the reimbursement form and we will try to accommodate the hold/delivery.