

CHECK REQUEST / EXPENSE REIMBURSEMENT

CHECK TO:		PHONE: (_)	DATE:	_
ITEM:	CATEGORY:		APPROVED BY:		AMOUNT:
1					
2					
3					
4					
5					
				OTAL:	<u>\$</u>
	ATTACH RECEIPTS TO	D THIS FORM WH	IEN AVAILABLE		
SIGNED:		TOTAL APPROV	/ED BY:		

Reimbursement Procedure:

- 1. Purchase of items approved by appropriate WPC leadership
- 2. Receipt(s) of purchase presented to Financial Secretary and Reimbursement Request Form completed
- 3. Reimbursement Request Form scanned and emailed to Chairman of Diaconate
- 4. Chairman of Diaconate emails Financial Secretary with Response within 48 hours
- 5. If Approved, Financial Secretary writes reimbursement check, designates the appropriate expense account, and contacts Purchaser within 1 week of Receipt Submission.