The CATHEDRAL *of*
St.PHILIP
SERVING ATLANTA AND THE WORLD

Reimbursement Request Voucher

PLEASE REIMBURSE ME FOR PERSONAL EXPENSES INCURRED ON BEHALF OF THE CATHEDRAL.

Check Payable to:
_____
Name (First, Middle Initial, Last)   A/P Vendor Code (Accounting Use Only)

Mailing Instructions:
_____
Street Address   Apt / Unit No.   City, State, Zip Code

Reason for Expenses: _____

_____

EXPENDITURE DETAIL (List all receipts individually):

Date Incurred	Vendor Name	Amount	Description of Expenditure

Total Expenses Incurred		
Less Expense Advances		
Net Reimbursement Amount		

Receipts Attached: Yes   **If Not, Explain:** _____

Preparer Signature: _____   **Date:** _____

ACCOUNT DISTRIBUTION (Accounting Use Only):   Operating Fund _____   Special Fund _____

Department	Account	Amount	G/L Entry Description

Total Account Distribution   [   ]

Approved By: _____   **Date:** _____

Posted By: _____   **Check No:** _____

Date Posted: _____   **Check Date:** _____