

St. Andrew’s United Church

5226-51 Avenue

Lacombe, AB

T4L 1J6

REQUEST FOR PAYMENT/REIMBURSEMENT

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DATE** | **DESCRIPTION** | **MILEAGE** | **AMOUNT** | **COMMITTEE**  **PROJECT/SERVICE** |
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|  |  |  |  |  |
|  | TOTAL |  |  |  |
|  |  |  |  |  |

PLEASE ATTACH INVOICE/RECEIPT

OFFICE USE ONLY - CHEQUE #: DATE: