



St. Andrew's United Church
5226-51 Avenue
Lacombe, AB
T4L 1J6

REQUEST FOR PAYMENT/REIMBURSEMENT

NAME: _____

ADDRESS: _____

PHONE: _____

DATE	DESCRIPTION	MILEAGE	AMOUNT	COMMITTEE PROJECT/SERVICE
TOTAL				

PLEASE ATTACH INVOICE/RECEIPT

OFFICE USE ONLY - CHEQUE #:	DATE:
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