

# Holy Family Church and Children's Center

## Reimbursement or donation request



Reimburse  Donation  Pay Vendor



**Date:** \_\_\_\_\_

**Requester:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Payee (if different from requestor):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Description of expense and purpose:** \_\_\_\_\_

HFEC Expense  HFCC Expense  Joint Expense

**Total Amount requested:** \$ \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Approval:** \_\_\_\_\_

**Receipts must be attached**

### **Treasurer Use:**

Budget Line item #1: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Budget Line item #2: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Budget Line item #3: \_\_\_\_\_ Amount: \$ \_\_\_\_\_