

St. David's Episcopal Church
Purchase and Reimbursement Record

This form is to be used to record purchases and to request reimbursement for expenses incurred on behalf of or in service to St. David's Episcopal Church.

Complete this section for purchases

Date: _____ Amount: _____

Item(s): _____

Purpose / Event: _____

Method of Payment:

- Personal cash, check, or debit/charge card
- St. David's charge card

Check one of the following:

- Reimbursement requested
- Record as non-pledge donation (for purchases made with personal funds only)
- Charge record only (for purchases using a St. David's charge card only)

Complete this section for mileage reimbursement

Date(s) of trip(s): _____

Purpose of trip(s): _____

Total Mileage: _____

Printed Name

Signature

Date

Attach receipts and give the completed and signed form to the treasurer. Mileage will be reimbursed at the current IRS approved rate. If the purchase was made using personal funds and reimbursement is requested, please provide your address and phone number.

Address: _____

Phone Number: _____

For office use only: Date Paid, Check #, Account #, Date Posted

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