



Church of the Holy Cross

2455 GALLOWS ROAD, DUNN LORING VA 22027 • 703.698.6991

REQUEST FOR EXPENSE REIMBURSEMENT OR REQUEST FOR PAYMENT

(Place in Bookkeeper's mail slot)

Name: _____

Date: _____

Phone/Email: _____

Address: _____

Please list separately if more than one account designation

Amount: \$ _____

Account: _____

(e.g. Altar Guild, Church School, office supplies)

Amount: \$ _____

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Amount: \$ _____

Account: _____

(e.g. Altar Guild, Church School, office supplies)

Amount: \$ _____

Account: _____

(e.g. Altar Guild, Church School, office supplies)

Total: \$ _____

Attach Receipts Below

INVOICE APPROVAL

Approval
Signature _____

Date: _____ Account: _____

.....
Accountant's use only

Account#: _____

Date posted: _____ by: _____