

**ST. CHRISTOPHER'S CHURCH
REIMBURSEMENT VOUCHER**

Name: _____ Date: _____

Department or Event: _____

Items Purchased: _____

No. of receipts attached: _____ Total amount of receipts: \$ _____

Check should be made payable to:

Check will be picked up _____. Check should be mailed _____ to:

City _____ State: _____ Zip: _____

Signed: _____

Staff only: Date paid _____ Check No. _____ Line Item: _____