



The Episcopal Church of
St. John the Baptist

125 Canterbury Drive Aptos, CA 95003

Reimbursement Request Form

Please submit this form to the rector or treasurer, who will forward it to the bookkeeper.

Date: _____

SCCB Operating Checking

Please issue a check for: _____ (amount) From:

Wells Fargo Checking

Payable to: _____

Helpful Shop Checking

Memo line: _____

ACYP Checking

When check is ready, Place in church mailbox of: _____

Call _____ for pick up

Mail to: _____

This is a reimbursement for the following purchases:

Date	Vendor	Description / Purpose	Amount	Budget Account (# and Title)
TOTAL:				

Requested by: _____

Approved by: _____

PLEASE ATTACH RECEIPTS!

Reimbursement will not be granted without receipt documentation.