

**Iona-Hope Episcopal Church
REQUEST FOR REIMBURSEMENT**

Fund: _____

Purpose: _____

Date: _____

THE FOLLOWING ITEMS ARE TO BE REIMBURSED:
(INVOICES ATTACHED.)

To: _____

Date:

Vendor:

Amount:

Total: _____

Signature: _____

PAYMENT:

Account: _____

Date: _____

Check No: _____ Amount: _____