



# St. James Episcopal Church

119 Washington St., Groveland, Massachusetts, 01834

(978) 373-1270

## Reimbursement Form (Receipts Attached)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

### Explanation of Expenses

Date	Vendor	Amount	Description/Line Item	Area of Ministry	Pre-approved by or N/A
		\$			
		\$			
		\$			
		\$			
<b>TOTAL</b>		\$			

*Notes and Comments:*

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Signature of Committee Chair

\_\_\_\_\_  
Date