



# St. Peter and St. Paul Anglican Church

Please turn in all requests for reimbursement within 60 days of the date on the receipt(s).

## MONEY REQUEST FORM

CHECKS WILL BE MAILED WITHIN 10 BUSINESS DAYS OF RECEIPT OF THIS FORM

Date of Request \_\_\_\_\_

Amount Requested \_\_\_\_\_

Person or Group Requesting Funds \_\_\_\_\_

These Funds Will Be Used For:

Please Reimburse For:

---

---

---

Make Check Payable To:

---

Mail the check to: (Name, Address, Phone #)

---

---

---

---

\*\*\*APPROVED: \_\_\_\_\_  
Signature of Ministry Treasurer or  
Ministry Leader

DATE: \_\_\_\_\_

\*\*\* Checks will not be issued without the signature of the Ministry Treasurer or Ministry Leader