

The Episcopal Diocese of Maine

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date | Charge to Account | Amount |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
|  |  | **Total** |  |

Request for Reimbursement or Payment

*Please return this form to your staff liaison or the finance department via email or post to:*

The Episcopal Diocese of Maine, PO Box 4036, Portland, ME 04101

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date | Charge to Account | Amount |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
|  |  | **Total** |  |

*Explanation: (date of meeting, reason for expense, mileage detail, info for memo line)*

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |

*Check payable to and address:*

|  |  |
| --- | --- |
| Payable to |  |
| Mailing Address |  |
| City, State, ZIP  |  |  |  |

*Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Staff / Committee or Commission Chair*