



Saint Paul Church
467 Alling Street
Kensington CT 06037
(860) 828-0331 • Fax (860) 828-7620

Reimbursement Request Form

Name & Address: _____

Event/Committee/Organization Name: _____

Reimbursement for: _____

Please attach all receipts for this reimbursement

Total Reimbursement Request: \$ _____

Signature(s): _____
Chairperson of Event/Committee/Organization

AND

Person requesting reimbursement

(Please submit to Church Business Manager)