

## COMMISSION PAY EXPENSE FORM

Please complete both sides of this form for any purchases made for parish purposes. Circle all parish expenses on the receipt and staple to this form.

Any pre-payment requests must be submitted two weeks in advance of event to allow time for processing payment. Please submit the final invoice to the parish office within two weeks following the event.

### Basic Information

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Type of Pay Request:  Reimbursement (Complete Check Info Below)

Pre-Payment (Complete Check Info Below)

Date Check Needed For Pre-Payment \_\_\_\_\_

Used Parish Charge Card (Write Total Amount of Expenses in Check Info below)

Store Name \_\_\_\_\_

Store Address (if not printed on receipt)

\_\_\_\_\_

Store Phone (if available) \_\_\_\_\_

### Check Information

Make Check Payable to \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Total Amount of Check \_\_\_\_\_

### Any Additional Information

\_\_\_\_\_  
\_\_\_\_\_  
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