

ST. DEMETRIOS GREEK ORTHODOX CHURCH

REQUEST FOR REIMBURSEMENT



Event / Ministry Name: _____

Requestor Name: _____

Date Requested: _____

Dollar Amount: _____

Reason: _____

Receipt(s) Attached: **Yes** **No**

List Supporting Documents: _____

Approval By:

Date: _____

Gina Pagonis, Parish Council Treasurer