

Payment Reimbursement / Disbursement Form

Saint Mark's Episcopal Cathedral

Ministry: \_\_\_\_\_

Date Check Requested: \_\_\_\_\_

Date Check Needed: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Item / Please attach receipts: \_\_\_\_\_

Amount: \_\_\_\_\_

Signature of Person Requesting Check: \_\_\_\_\_

Approval of Committee / Commission Head: \_\_\_\_\_

Please submit to Patricia Betsinger's mailbox or send to [Patb@ourcathedral.org](mailto:Patb@ourcathedral.org)

Please allow 7 – 10 business days for check reimbursement