

**PRESBYTERY OF THE EAST
OFFICE OF THE TREASURER
PAYMENT REQUEST AND REIMBURSEMENT FORM**

Please mail or email to (email is preferred):

POTE Treasurer, Attn: Don Reimold
5 N. Concord Ave.
Havertown, PA 19083
Email: treasurer@epceast.org
Tel: 215-499-3235 (c)

Request Date _____

Committee/Function _____

Requested by:

Name: _____
(Typed or Printed)

(Signature)

Approved: Committee Chairman/Other: _____
(Signature)

(Name Typed or Printed) (Date)

Make This Check Payable to the Order of:

Name _____

Address _____

Phone Number: _____

Email Address: _____

(Please include address so check can be mailed and phone number/email address in case Treasurer needs to contact you)

ITEM #	INVOICE/RECEIPT NO.	DESCRIPTION OF ITEMS/SERVICES	\$ AMOUNT

(Use Continuation Sheet if Needed)
(ATTACH ALL RECEIPTS AND DOCUMENTATION)

TOTAL AMOUNT OF PAYMENT FOR ABOVE INVOICES: \$ _____

Treasurer Approval _____ Date Approved _____

For Treasurer's Use Only: Paid for by Check # _____ Date Paid _____

Updated: 10/10/2022

(CONTINUATION SHEET)

(ATTACH ALL RECEIPTS AND DOCUMENTATION)