

ST. ANN CATHOLIC PARISH

PAYMENT AUTHORIZATION

<input type="checkbox"/>	Administration	<input type="checkbox"/>	ECDC	<input type="checkbox"/>	RCIA-English	<input type="checkbox"/>	Ministry Organization
<input type="checkbox"/>	Adult Ed	<input type="checkbox"/>	Hispanic Ministry	<input type="checkbox"/>	RCIA-Spanish	<input type="checkbox"/>	Name: _____
<input type="checkbox"/>	Bible study	<input type="checkbox"/>	Life Teen	<input type="checkbox"/>	RE-Children	<input type="checkbox"/>	
<input type="checkbox"/>	Familia	<input type="checkbox"/>	Liturgy	<input type="checkbox"/>	SAY	<input type="checkbox"/>	
<input type="checkbox"/>	Baptism	<input type="checkbox"/>	Marriage	<input type="checkbox"/>	Tribunal	<input type="checkbox"/>	
<input type="checkbox"/>	Facilities	<input type="checkbox"/>	Music	<input type="checkbox"/>	VBS	<input type="checkbox"/>	
<input type="checkbox"/>	Crhp Womens Team #	<input type="checkbox"/>	Nursery	<input type="checkbox"/>	Young Marrieds	<input type="checkbox"/>	
<input type="checkbox"/>	Crhp Mens Team #	<input type="checkbox"/>	Prayer Chain	<input type="checkbox"/>		<input type="checkbox"/>	

NOTE: All requests for reimbursement must be accompanied by ORIGINAL receipts.

PAY TO _____
 ADDRESS _____

 PHONE #: _____

DATE _____
 AMOUNT \$ _____ -

SPECIAL INSTRUCTIONS

<u>CLASS</u>	<u>SUB CLASS</u>	<u>SUB CLASS</u>	<u>ACCOUNT NUMBER</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>

REASON FOR CHECK: _____

BUDGETED: YES NO

REQUESTED BY _____ CODED BY _____
 APPROVED BY _____ PASTORS APPROVAL _____