

AUSTIN PRESBYTERIAN THEOLOGICAL SEMINARY
College of Pastoral Leaders
 Payment Request/Reimbursement Form

Name of Group: _____

Note: Send signed requests, with receipts attached, within **one month** of the expense.

Pay to: _____

Mailing Address: _____

ORIGINAL receipt(s) and/or invoices attached (required). *Do not send credit card statements.*

#	Date of Expense	Description of Expense	Amount in \$
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Total to be reimbursed			

Use additional sheets as needed.

Submitter's signature _____

Business Office Use:

Approval	
Date	
Acct #	01- - -
Auth. by	
Date	
Check date	
Check #	