

The Episcopal Church of West O'ahu

98-939 Moanalua Road, Aiea HI 96701

CHECK REQUEST / REIMBURSEMENT FORM

Payable to: _____

DATE: _____

Address: _____

Please check:

_____ Mail

Phone: _____

_____ Pick-Up

Attach ORIGINAL receipt for each purchase.

Please complete Date, Vendor Name, Description of Purchase (ex: Lunch/ Dinner and those attending) / Purpose of Expense, Percentage to Bill Account, Total Amount

NOTE: ECWO Chart of Account # will be completed by the ECWO Office Staff

Date	Vendor	Description / Purpose	ECWO Chart of Account #	ECWO Class	Total Amount
TOTAL					

Requested by: _____

Requestor's signature: _____

Date: _____

Staff Approval: _____

Approved by: _____

Date: _____

Date: _____

Please have the Director of Operations and Congregational Development sign all approvals or attach e-mail noting approval of purchase.