

**Hermitage PCUSA
Payment / Reimbursement Request Form**

Date: _____ Amount of check: \$ _____

Payee: _____

Is this the person completing the form? **Yes/No** (circle one)

Address: _____

Email Address: _____

Description of Expense: _____

Line Item to Charge: _____

AND Amount to be Charge to this Line Item: \$ _____

Line Item to Charge: _____

AND Amount to be Charge to this Line Item: \$ _____

Line Item to Charge: _____

AND Amount to be Charge to this Line Item: \$ _____

Signature of One Requesting Check: _____

Date: _____

Signature of One Approving Expense: _____

Date: _____