



The Episcopal Diocese of Maine

Request for Reimbursement or Payment

Please return this form to your staff liaison or the finance department via email or post to:

The Episcopal Diocese of Maine, PO Box 4036, Portland, ME 04101

	Date	Charge to Account	Amount
1			
2			
3			
4			
Total			

Explanation: (date of meeting, reason for expense, mileage detail, info for memo line)

1	
2	
3	
4	

Check payable to and address:

Payable to			
Mailing Address			
City, State, ZIP			

Approved by _____

Staff / Committee or Commission Chair