The Episcopal Diocese of Lex	rington		
ACCOUNT PAYABLE			
CHECK REQUEST V	OUCHER		
Payable to:			
Address:			
Account Name	Category Charge	Amount	
			_
	<u> </u>		
Total Reimbursement Req	uested		
Explain Purpose for Reimb	ursement (attach all documentation of exp	enditures):	
Requested by:			
Date.			
Approved by:			
Date:			
Approved by:Date:			
Date:			