



Request for Payment/Reimbursement

DATE: _____

NAME (Make Check Payable to): _____

ADDRESS: _____ CITY, STATE, ZIP: _____

Description of Purchase: _____

Authorized by: (if required*) _____ *Contact the Church office with questions regarding signature requirements

ACCOUNT FROM WHICH FUNDS SHOULD BE DRAWN: (ie: Music, Office, Education, etc.) _____

****REIMBURSEMENT TOTAL \$** _____ ****Receipts MUST accompany this request**



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