

Reimbursement Request

Purpose: _____

Reimbursement Check Made Out to: _____

Date: _____ Amount: _____

Circle Budget Category:

Teaching Materials | Office Supplies | Building Maintenance
Construction | Ladies' Expenses | Deaconesses Fund
Missions Committee | Social Committee | Outreach Expenses
Other:

For Trustee Use Only

Trustee
Signature: _____ Date: _____

Comments:

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