

Request for Reimbursement
Providence Presbyterian Church

Person Requesting Reimbursement: _____

Committee: _____

Signature of Person Responsible for Budget item: _____

Budget Item money is to be reimbursed from: _____

Amount of reimbursement: _____

Claimant Signature: _____ Date: _____

Phone Number: _____

Please attach itemized receipt. Return this form to the accounting treasurer.
Reimbursements will be made within the month.

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