

Greater Waltown United Holy Church Inc. RE-IMBURSEMENT REQUEST FORM

Name

Address

City and State

Zip Code

(Telephone Number)

(Fax Number)

Purchase CHECK Supplies [] Contractor [] Registration Fee [] Other []

DESCRIPTION: _____

DEPARTMENT ACCOUNT INFORMATION

Date	Item / Service	AMOUNT
TOTAL		

Prepared By: _____ Date: _____

Department: _____

Departmental Approval: _____ Date: _____
(Signature)

Title: _____

Approvals

Pastor _____ Date: _____

Finance Committee Chair _____ Date: _____