

Church of Christ, Congregational

5 Old Middle St
PO Box 216
Goshen, CT 06756

Reimbursement Request Form

Date: _____

Name of person to receive funds: _____

Address & Phone: _____

Purchased from:	Description	Church Budget line:	Amount:

Please attach receipts to this form.

Signature: _____

For Office Use:

Reimbursement date: _____

Acct: ___ Church Operating
 ___ PF Acct
 ___ Fundraising Account
 ___ Book of Remembrance
 ___ Endowment
 ___ Refugee Account

Payment Form:
 ___ Check # _____
 ___ Online payment
 ___ Cash