

GIBSON CITY BIBLE CHURCH REQUEST FOR REIMBURSEMENT

REQUESTED BY: _____

DATE: ____/____/____

PAYMENT INSTRUCTIONS:

MAKE CHECK PAYABLE TO: _____

CHECK AMOUNT \$ _____.

GIVE CHECK TO: _____

OR MAIL CHECK TO: _____

RECEIPT DOCUMENTATION:

What was purchased	Budget Line to be charged	Purchased Where	Receipt Amount
_____	_____	_____	\$ _____.
_____	_____	_____	\$ _____.
_____	_____	_____	\$ _____.

Treasurer's Use: Paid by Check _____ Date ____/____/____ Account _____

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