



Submit form and all receipts to Kate Kelly - questions please email kate@immanuelpc.org

Reimbursement <input type="checkbox"/> Yes <input type="checkbox"/> No or Purchase Request <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE:	
Requested By:	Phone #:		
Name Check Issued to:			
Address Check Sent to:			
Approved By: (Name and Signature)			
Date	Description	Account/Ministry	Amount
			TOTAL AMOUNT DUE: