

LOYD PRESBYTERIAN CHURCH

CHECK REIMBURSEMENT REQUEST FORM

Name: _____

(Please print as it should appear on check.)

Date: _____

Check should be:

(Please check one)

Mailing Address: _____

_____ *mailed to address

indicated

Telephone(s): _____

_____ *left at church for
pick-up

PURPOSE OF PURCHASE: _____

DETAILED LIST OF PURCHASE:

<u>Quantity:</u>	<u>Description of Item:</u>	<u>Amount:</u>	<u>From Account:</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
TOTAL AMOUNT DUE:		\$ _____	

**(PLEASE ATTACH THE ORIGINAL RECEIPT OR A COPY OF THE ORIGINAL,
AND ANY EXPLANATORY NOTES AS NECESSARY.)**

Authorized by: _____

(please print)

Date: _____

Authorized signature: _____

Please submit this form to Shelley Skinner, Financial Secretary, for payment.