



<input type="checkbox"/> Reimbursement (Receipts required.)			<input type="checkbox"/> Request for Payment			<input type="checkbox"/> Debit		
Pay To								
Address if necessary								
Amount								
Account								
Church Related Purpose								
Requested by			Signature			Date		
Committee Chairperson Approval		Signature				Date		

<input type="checkbox"/> Credit		
Account		
Total Bills		00
Total Coin		
Total Checks		
TOTAL		
Reason		
Name		
Date		

Office Use Only.	Date Received	Initial	Receipts Attached	Follow up	Check Number	Check Date
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