

Christ Church Episcopal

## Check/ Reimbursement Request

**PLEASE ATTACH ALL RECEIPTS**

Amount: \$ \_\_\_\_\_

Payable to Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description: \_\_\_\_\_

Ministry: \_\_\_\_\_ Account (if known): \_\_\_\_\_

Signature: \_\_\_\_\_

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Approved: \_\_\_\_\_

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Approved: \_\_\_\_\_