

# *Community Christian Reformed Church*

## Request for Reimbursement

Date: ,

Your Name:

Committee Name:

Committee Chairperson Signature:

**Please make sure each receipt has Church expenses only.**

Please attach your original receipt to the form and place in the mailslot labeled "Bookkeeper".

If not signed by chairperson reimbursement will be delayed until it is signed.

**Please read the instructions on the back of this sheet for correct procedures**

Item	Item Purchased	Reason for Expenditure	Amount (minus HST)	HST	Total (includes HST)
1					
2					
3					
4					
5					
6					
7					
8					
<b>Grand Total</b>					