

**CLAYTON COMMUNITY CHURCH
REIMBURSEMENT REQUEST**

Name _____ Date _____

Item with Hard Copy Receipt.....Description to include category suggestion

| | | |
|----------|-------|-------|
| \$ _____ | | _____ |
| \$ _____ | | _____ |
| \$ _____ | | _____ |
| \$ _____ | | _____ |
| \$ _____ | | _____ |
| \$ _____ | | _____ |

\$ _____ Total With Receipts

Item with No Receipt.....Description to include category suggestion

| | | |
|----------|-------|-------|
| \$ _____ | | _____ |
| \$ _____ | | _____ |
| \$ _____ | | _____ |

\$ _____ Total With No Receipts

\$ _____ Grand Total

Reimbursement Authorized by _____

Check disbursed by _____ Check# _____

Check Received by _____

STAPLE THE RECEIPT BELOW or PLACE IN ENVELOPE AND ATTACH BELOW!!!

