

# Reimbursement Request

Immanuel Lutheran Church

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Project/Category/Fund: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Reason for reimbursement: \_\_\_\_\_

\_\_\_\_\_

Check payable to: \_\_\_\_\_

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

Address if mailed: \_\_\_\_\_

\_\_\_\_\_

Receipt(s) totaling the amount of reimbursement must be attached.

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