Request for Reimbursement

Description of Expenditure: Description of Expenditure: To Whom? To Whom? Name Name Street Street Town, State, ZIP Town, State, ZIP _____ **Committee (x): Committee (x):** Trustees: Deacons: Other: Trustees: ____ Deacons: ____ Other: ____ **Committee Chair's Authorizing Signature: Committee Chair's Authorizing Signature:** (2023: Louise McCue, Diaconate; Carol Powell, Trustees) (2023: Louise McCue, Diaconate; Carol Powell, Trustees)

Staple the receipt to this form and, once complete, mail to 55 Main Street, Lenox, MA 01240 or slip it through the mail slot at the front of the chapel.



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For Treasurer &	Bookkeeper
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Line item:		Line item:
Budget item:		Line item.
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