

Request for Reimbursement

Description of Expenditure:

To Whom?

Name _____

Street _____

Town, State, ZIP _____

Committee (x):

Trustees: _____ Deacons: _____ Other: _____

Committee Chair's Authorizing Signature:

(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

Line item:

Budget item:

For Treasurer & Bookkeeper

Line item:

Budget item: