

Reimbursement Request Form



Date: _____

Description of Expenditure:

Amount Due: _____

Payee / Vender

Name: _____

Street: _____

Town, State, ZIP: _____

Phone: _____ Email: _____

Please provide address to insure proper delivery of reimbursement check. If your contact information is up to date with us your name only need be provided.

Committee: Please Check box to indicate what committee

Trustees: Deacons: Other: _____

Committee Chair's Authorizing Signature:

Signature _____ Date: _____

Staple items 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.

For Office Use Only:

Accounts: Budget Item

Line Item

Check# _____

Ministry Committee Chairs:

Diaconate - Louise McCue, Trustee - Carol Maynard

Finance - Jesse Goodman, Historian - Emily Wilson

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