

Emmaus Christian Church

Request for Payment/Reimbursement

Date: _____

Amount of Check: _____ (If multiple receipts, show work for total)

Make Check Payable to: _____

Address, if to be Mailed: _____

Reason for Purchase: _____

Please Check the Budget Category Below

_____ Building & Grounds _____ Worship & Music

_____ Education Curriculum/Seminars _____ Youth Group

_____ Evangelism _____ Kitchen Supplies

_____ Fundraising _____ Office Supplies

_____ Other: _____

Approved By (Committee Chairperson): _____

Please **attach** any supporting receipts/documents to this request. Your check will be ready within two weeks.

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