REIMBURSEMENT REQUEST

Emmanuel Bible Church 8512 Sunnyview Rd NE Salem, OR 97305-9548

Name of Person Submitting Request:
Date Submitted:
Reason for Expenditure:
Pay to the order of:
Address:

	City, State, Zip:				
<u>Date</u>	Department Charged	<u>Vendor</u>	Purpose / Description	<u>Total</u>	
	h original receipts and/or proof of expe ch items <u>behind</u> this page.	nditure for each item list	ed Total Reimbursement		
SIGNATURE				****For Treasurer Use Only****	
SIGNATURE				Date Paid	
		Date	<u> </u>		
		24.6		Check Number	
ΔΙΙΤΗΩΡΙΖΑΤΙΩ	N SIGNATURE (Reviewed & App	proved against Churc	ch Policy)		
AO ITIONIZATIO	THE STONATONE (NEVIEWED & APP	novea against offur	ar i oney)		

Version 1/2023 Policy Manual 3.17.2.9.B

Date