IMMANUEL
PRESBYTERIAN CHURCH

Submit form and all receipts to Laurie McGill

Reimbursement ☐ Yes ☐ No *or* Purchase Request ☐ Yes ☐ No		DATE:
Requested By:	Phone #:	
Name Check Issued to:		
Address Check Sent to:		
Approved By: (Name and Signature)		

Date	Description	Account/Ministry	Amount
		TOTAL AMOUNT DUE:	