**Instructions:**

Please fill out this form as completely as possible. Today’s Date \_\_/\_\_/\_\_

Check to be made out to the following individual(s) or church:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Reimbursement (please specify): Cost

Description

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_

**\*\* Please include receipts. \*\***

**TOTAL $\_\_\_\_\_\_\_**

Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Reimbursement, send to:**

North Central District

Attn: Doug Parkinson

8860 College View Drive

Saint Bonifacius, MN 55375

\* \* \* \* \* \* \* \* \* \* \* \* \*

# FOR ACCOUNTING PURPOSES

 Account Detail

Date Received \_\_\_/\_\_\_/\_\_\_

Receipts Attached \_\_\_\_ Acct # \_\_\_\_\_\_\_.\_\_\_ $ \_\_\_\_\_\_\_

 Acct # \_\_\_\_\_\_\_.\_\_\_ $ \_\_\_\_\_\_\_

Date Paid \_\_\_/\_\_\_/\_\_\_ Acct # \_\_\_\_\_\_\_.\_\_\_ $ \_\_\_\_\_\_\_

Check # \_\_\_\_\_\_\_ Acct # \_\_\_\_\_\_\_.\_\_\_ $ \_\_\_\_\_\_\_

 Acct # \_\_\_\_\_\_\_.\_\_\_ $ \_\_\_\_\_\_\_