Williamsport Seventh-day Adventist Church Reimbursement Form

Complete form and submit to: Williamsport Seventh-day Adventist Church Frank Jacobs (Treasurer)								
Check One ▶ □	Out-of-pock	xet Expense (fi	ll in YOUR inf	ormation)	or □ Cha	arged to Churc	${f h}$ (fill in C	COMPANY information)
Send Check to:					Т	Treasures Use Only:		
Name: Phone:				Check Number:				
Address:						Check Amount:		
City: Sta				Zip:	Г	Date of Check:		
		PLEASE P	PRINT CI	FARLY (n	no callion	canhy)		
Church Department	Date of Purchase	PLEASE PRINT CLEARLY (no calligraphy) Description					Totals	
						7	Total:	
				or invoices			_	
	Purpose o	of Purchase: Pl	ease explain	n what the ch	arged iten	ns will be used fo	r.	
			1	a.				.
Authorized by:			Your	Signature				Date