

Salem United Methodist Church

Check/Reimbursement Request

Date: ____/____/____

Payable to: _____

Address: _____

City: _____ State: _____ Zip: _____

Amount: \$ _____ from Account # / Program Area _____

For: _____

Approved _____

Invoices or receipts must be attached and clearly show the date of the transaction, a description of the goods or services, and the amount. Unclear receipts/invoices will not be accepted.

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