

FIRST CONGREGATIONAL CHURCH, UCC, CONCORD

Reimbursement Authorization Form

Reimbursement Requested for: _____

(Item purchased or service rendered. Please attach receipt /documentation)

Date of Request: _____ Amount Requested \$ _____

Person requesting reimbursement _____

(Signature)

Name of person to be reimbursed: _____

Send check to: _____
Street State Zip code

Authorized By* _____ Date _____ Budget Code _____

**(Only a person authorized by a Ministry Team or the Council may approve payments)*

[For Office Use Only]

Date of payment _____ Check Number: _____ Amount: \$ _____

Action taken by: _____

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