

**St John's Lutheran Church
Payment / Reimbursement Request Form**

Date Submitted _____ Date Needed _____ Amount _____

Charge to Account _____ Account # _____

Payee _____
Address _____

Reason for Expense _____

Comments _____

Requested by _____ Approval _____
(signature) _____ (signature) _____

*****Original receipts/invoices must be attached*****

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