



The Perfect Church for People Who Aren't

Reimbursement/ Donation Form

Date _____

Payee Name _____
 Address _____
 City, ST Zip _____
 Phone _____
 PLEASE PRINT

ATTACH RECEIPT HERE

Reimbursement Type – Please check one. If none is checked we will automatically consider this a donation.

_____ This is a **Donation**, I **DO NOT** wish to receive a paper check.

_____ I **would like** to receive a paper check. Checks will only be issued if a receipt is attached.

QTY	DESCRIPTION	DEPARTMENT	PRICE	TOTAL

SUB TOTAL	
TAX	
TOTAL	

OFFICE USE ONLY

CHECK NO. _____ DATE _____

DONATION ENTERED _____

Authorized by _____ Date _____