



## Pennridge Lutheran Refugee Fund Expense Reimbursement Form

Please Print Legibly

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Name of Your Church: \_\_\_\_\_

Committee (Circle those that apply)

Communications	Household
Employment	Housing
Finance	Shepherding
Furnishings	Transportation

Other \_\_\_\_\_

Description or Purpose of Purchase: \_\_\_\_\_

Items Purchased (attach copy or receipt with item highlighted or marked)

Is this a donation? Yes No

Reimbursement amount requested: \_\_\_\_\_

Your Signature: \_\_\_\_\_

All reimbursements will be made by check.

Who should the check be made payable to? \_\_\_\_\_

Treasurer Use Only		
Date:	Check No.	Amount