



# ADAMS FARM COMMUNITY CHURCH

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Request for Reimbursement  
(\*Please attach receipts for reimbursement.)

Payee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Receipt Date	Account Code	Description	Amount
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Total: \_\_\_\_\_

Person Submitting Request: \_\_\_\_\_

Team: \_\_\_\_\_

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

**DEACON APPROVAL IS REQUIRED FOR ANY CHECKS OVER \$150.**

Authorizer's Name: \_\_\_\_\_