

Corvallis Mennonite Fellowship

Mailing address: 101 NW 23rd St. • Corvallis, Oregon 97330 • (541) 754-5388

Reimbursement Request

NAME
ADDRESS
CITY/STATE/ZIP
ACCOUNT NAME/NUMBER

DESCRIPTION OF EXPENDITURES

DATE	VENDOR NAME AND ADDRESS <small>(list and attach receipts/invoice)</small>	ITEM(S)/SERVICES PURCHASED <small>(list and attach receipts/invoice)</small>	AMOUNT
	Business Purpose:	TOTAL TO BE REIMBURSED	
I certify that the expense itemized above has been incurred in the performance of my official duties, and that the charge therefore is just, and that no part thereof has been heretofore paid.		_____ CLAIMANT'S SIGNATURE	_____ DATE



If the purchased items are to be reimbursed from more than one Account, itemize the items below.

1. Attach original receipt for each expenditure listed.
2. Credit card receipts must be accompanied by an itemized list of charges.
3. The reimbursement request must be signed by the claimant.

ITEM	ACCOUNT NAME/NUMBER	AMOUNT
TOTAL		