Request for Reimbursement/Payment

ganization:			Date:		
Check Payable to:					
Reason for Expenditure:					
Budget to be taken from:					
□ Administration□ Ward Activities□ Primary□ Activity days□ Cub Scouts	☐ Young Wo Young Mo ☐ Combined ☐ Boy Scou	en d YM/YW ts		Fast Offerings Elders Quorum High Priests Relief Society Other	
Items Purchased (att	tach receipts on back)			Cost	
			Total Amou	nt:	
	I	Approved by:	:		
Mail Check to:		Organization	Pres:		
Address:		Bishop:			
		Paid w/ Check #:			
		Date:			