

Mt. Pleasant A.M.E. Church - Reimbursement Form

Name: _____

Ministry: _____

Purpose: _____

Amount: _____ Date: _____

Signature approval from Commission associated with purchase: _____

Finance Committee signature: _____ Date: _____

Please fill in completely and staple original receipts to this form. Reimbursement check will be available within 14 days.

Office Use Only: Check # _____ Date: _____

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