

## Westminster Presbyterian Church - Omaha

### Reimbursement Request

(List all items requested for reimbursement and attach original receipts to this form.)

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

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

\_\_\_\_\_

Date of Purchase	Item	Purpose/explanation of purchase	Amount

I certify that this voucher is a true, correct and complete statement of my expenditures made for Westminster Presbyterian Church and that the charges are proper.

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Signature

Date

**\*\*Please turn the completed form in to the Church Office to be submitted to the Stewardship Committee.**