



CHLB Reimbursement Form
General Operating Fund
 GRACE FELLOWSHIP CHURCH

Payee _____ Date _____

Address _____

City, State, Zip _____

Small Group Leader Name _____
 OR

Large Project or Leader Name _____

Total Volunteer Count _____

Store name	Description of Item(s)	Account Number (Official use only)	Total
		000-040-70024	
			\$ -

IMPORTANT NOTES:

Grace Fellowship **CANNOT reimburse for sales tax**, please **DO NOT** include sales tax in reimbursement total.
 Please include **ORIGINAL RECEIPTS** with your reimbursement request.

Additional Information: _____

Below For Office Use only

Requested By: _____ Hold Check: _____

Approved By: _____ Mail Check: _____