**CHLB Reimbursement Form**
*General Operating Fund*

*Payee* _____ *Date* _____
*Address* _____
*City, State, Zip* _____

**Small Group Leader Name** _____
**OR**
**Large Project or Leader Name** _____

**Total Volunteer Count** _____

**Volunteer Hours on CHLB Sunday** _____
**Volunteer Hours Pre- and Post-CHLB Sunday** _____

| Store name | Description of Item(s) | Account Number (Offical use only) | Total |
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**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:* _____