

Request for Reimbursement from Harrisburg "O" Club

PAYMENT REQUEST	Requested By:		Approved By:
	Date Requested:		
HARRISBURG "O" CLUB	Amount:	\$	

Check Payable to:

Payee e-mail addr:

Payee mailing addr:

NOTE: Payment will NOT be mailed unless specified below:

Payable for (be specific):

ATTACH ALL RECEIPTS FOR ITEMS PURCHASED FOR THE CHURCH

SUMBISSION FOR PAYMENT

Place this form and accompanying receipts in Alice Mallick's folder in Church Office or hand directly to her.