Topeka Congregation – Expense Reimbursement Form 5252 SW 19th Street Topeka KS 66604

 Please obtain authorization Purchase Items. List Items on reimbursement Obtain signature of person a 	t form and attach receipt.	nstructions tor or Congregation Financial Officer.	
Reimbursement Check should be	made payable to:		
Name:			
Address:			
Description of Purchase:			
Budget Account Name/Num	nber	Item description	Price
A WA A :	a A VA		
		A AM	
	Total Request	ed	
Purchase Authorized by:			
Signatu	re	Date	
Accounts Payable Information			
Check Date:	Check Number:	Check Amount:	