

Haydenville Congregational Church

Request for Reimbursement for Approved Expenses

Submitted by: _____ Date Submitted: _____

Program/Committee that approved expense: _____

Pay to: _____

Address: _____

Phone Number: _____ Email: _____

Submit receipts as soon as possible, no later than 15 days following purchase.

Forms can be submitted via:

- Mail to **Treasurer, Haydenville Congregational Church, PO Box 257, Haydenville, MA 01039**
- Place in the **Treasurer's mail slot** in the foyer by the High Street exit door.
- Submit by email to **treasurer@haydenvillechurch.org** (photos or electronic copies of form & receipts are fine).

DATE	STORE/ VENDOR	DESCRIPTION/PURPOSE	AMOUNT
TOTAL:			

Please attach receipts, with "Date Purchased" and "Amount" clearly identified.

Submitted by: _____

Date

Treasurer Use Only

Rec'd _____

Processed: _____

Pay By Date _____