Christ Presbyterian Church
Reimbursement Form

Please print clearly all information below

Description	Budget Category	Amount
Today's Date:	**Reimbursed Total Due ⇨**	

Instructions:

1. Enter Description/ Budget Category/Amount
2. Insert date and total amount due to you
3. attach applicable receipts (if original receipts are kept, please provide copies)
4. include your name/address (use box below)
5. return to church office

Any special notes:

_____

_____

Your Name:

Address:

135 Whitney Avenue
New Haven, CT 06510
203-777-6960(phone)
203-777-5332(fax)