



# Community of Christ

GREATER PACIFIC NORTHWEST USA MISSION CENTER

Financial Office

PO BOX 60227, Renton, WA 98058

Phone: 425-457-0739 • Fax: 206-600-3170 • Email: [spomeroy@cofchrist-gpnw.org](mailto:spomeroy@cofchrist-gpnw.org)

## Expense Reimbursement Request Form – Event

**Date:**

**Event/Camp:**

**Check Payable to:**

**Address:**

**Amount of Check:**

**Description/Type/Purpose of Expense:**

**Your Phone:**

**Your Email:**

**Director's Name:**

**Director's Signature:**

**Your Name (if you are not the Director):**

**Your Signature (if you are not the Director):**

Submit this form WITH RECEIPTS to Financial Office by mail or fax (see above).  
Please staple receipts to the back of the form if mailing, fax a copy of the receipts with form if faxing.

The physical signature of the Director is required.