



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: dwelch@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.