



Community of Christ

GREATER PACIFIC NORTHWEST USA MISSION CENTER

Bold Moves Grant Reimbursement Request

Please type or print. Allow up to three weeks for processing.

Date:	
Check Payable to:	
Send to:	
Address:	
Amount of Check:	
Congregation/Group:	
Bold Moves Project:	
Description:	
Requested by:	
Requestor's Phone:	
Requestor's Email:	
Requestor's Signature:	
Project Director's Signature:	

Financial Office

PO BOX 60227, Renton, WA 98058

Phone: 425-457-0739 ● Fax: 206-600-3170 ● Email: spomeroy@cofchrist-gpnw.org

Submit this form WITH RECEIPTS to Financial Office.

Please staple receipts to the back of the form if mailing, fax a copy of the receipts with form if faxing, or attach a copy of the receipts with form if emailing.

<i>For office use only:</i>	Check #: _____	Check Date: _____
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