

GUARDIAN ANGELS ALTAR SOCIETY—REIMBURSEMENT REQUEST

DATE: _____

PERSON REQUESTING REIMBURSEMENT: _____

COMMITTEE NAME: _____

TO BE PAID BY: (Check One) Altar Society _____ Church _____

AMOUNT TO BE REIMBURSED: \$ _____

DESCRIPTION OF EXPENSE: _____

ORIGINAL RECEIPT MUST ACCOMPANY REIMBURSEMENT REQUEST

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