

**Coldwater Rayborn Memorial Seventh-day Adventist Church
Reimbursement Form**

Complete form and submit to: **Coldwater Seventh-day Adventist Church**
Marty & Debra Racz (Treasurer)
P.O. Box 8
Coldwater, MI 49036
email: treasurer@coldwatersda.com

Check One ► **Out-of-pocket Expense** (fill in YOUR information) OR
 Charged to Church (fill in COMPANY information)

Send Check to:			Treasurer Use Only:
Name:			Check Number:
Address:			Check Amount:
City:	State:	Zip:	Date of Check:
Phone: ()			Balance Forward:

PLEASE PRINT CLEARLY – (no calligraphy)

Church Department	Date of Purchase	Description	Totals
Total:			

Attach your receipts or invoices to this form.

Purpose of Purchase: Please explain what the charged items will be used for.

Authorized by:	Your Signature	Date

* Checks are made out twice a month—you will be issued a check at one of these times.