

## Presbytery of Whitewater Valley Reimbursement Request

Payee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Payee Address: \_\_\_\_\_  
(if not on file)

Fund #	Account #	Description	Amount
Total Disbursement			

Additional Information: \_\_\_\_\_

Payment processing requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Remittance Authorization: \_\_\_\_\_ Per Approved Budget \_\_\_\_\_ Committee Moderator/Officer

Please attached receipts. Contact the presbytery office for fund & account information if unknown