

# Community of Christ

GREATER PACIFIC NORTHWEST USA MISSION CENTER  
Financial Office

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## Expense Reimbursement Request--Event

(please type or print info, and staple receipts to back of form with items clearly marked)

**Date:** \_\_\_\_\_

**Event/Camp:** \_\_\_\_\_

**Check Payable to:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Amount of Check:** \$ \_\_\_\_\_

**Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Director's Name:** \_\_\_\_\_

**Director's Signature:** \_\_\_\_\_

**Director's Phone:** \_\_\_\_\_

**Director's Email:** \_\_\_\_\_

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**Check #:** \_\_\_\_\_ **Check Date:** \_\_\_\_\_