

Good Shepherd Lutheran Church - Reimbursement Form
(Receipts must be included to process reimbursement)

Board: circle one: Lay Ministry, Properties, Evangelism, Christian Ed, Stewardship, PFPR, Youth Group

Misc, Other: _____

Purpose: _____

Amt: _____ **Date:** _____

Check Payable to (Name):

Mailing Address (MANDATORY – Reimbursements will not be considered complete without this information):

Authorized Approver signature: _____ **Date:** _____

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