

**ZION EVANGELICAL LUTHERAN CHURCH OF ENOLA
PAYMENT REIMBURSEMENT FORM**

SUBMITTAL INFORMATION

Date:	Account No.
Description of Expense:	
Committee:	Amount of Expense: \$
Reimbursement to Member:	
Payment to Business:	
Submitted By:	Phone:
Committee Chair:	
Committee Chair Approval Signature:	
Assistant Treasurer:	
TREASURER'S USE	
Date Paid:	Check Number:

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