

# REQUEST FOR REIMBURSEMENT

Hills View Evangelical Free Church  
 P.O. Box 172  
 Piedmont, SD 57769



Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

***Checks will be issued up to 30 days from request.***

BUDGET CODE	DATE	DESCRIPTION	AMOUNT

<b>TOTAL</b>	<b>\$</b>
--------------	-----------

Approved By: \_\_\_\_\_  
Elder Team Member Date

**Note: Please attach the receipt(s) to this form, get it signed & put in offering box.**

*(Do NOT write below this line)*

<b>Check #</b>	<b>Date Paid</b>	<b>Treasurer</b>
----------------	------------------	------------------