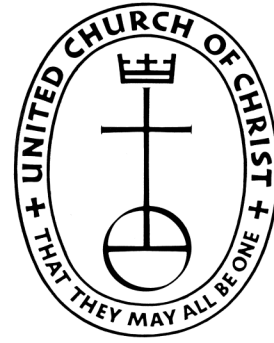


Urbandale United Church of Christ

**REQUEST FOR REIMBURSEMENT
OR REQUISITION OF FUNDS**



Church Team: _____ **Date:** _____

Reimbursement request: _____ **OR Charged:** _____ (check one)

Account	Quantity	Items	Amount

Total Amount Requested: _____

Remit to: _____
(vendor or the person making the reimbursement request)

Street address State Zip

Requested by: _____

Signature of Team Leader: _____

DATE PAID: _____

CHECK NUMBER: _____