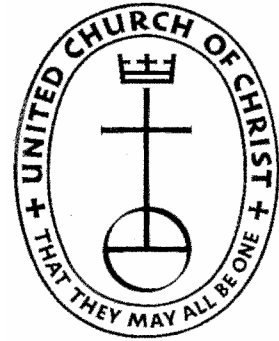


Urbandale United Church of Christ

**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)

Requested by: _____

Signature of Team Leader: _____

DATE PAID: _____

CHECK NUMBER _____