Stonehill Seventh-day Adventist Church

Reinbursement Claim form

Date:

Name of person to be paid:

Mailing Address:

Phone:

Department	Treasury Code	Description /Reason	Amount

Authorized By:

Name:

Signature:

Please make sure that the following is included:

1) Original receipts

2) Mission Team Chair Signature if needed

To promote timely and accurate payment of your claim, please complete before printing.

Last form revision 031912