**First Presbyterian Church of Cazenovia**

**27 Albany Street, P.O. Box 306**

**Cazenovia, NY 13035**

**Expense/Reimbursement Request Form**

**NOTE: All receipts or bills must accompany this form and be given to**

**the Financial Assistant in order to receive reimbursement.**

**You may email the form and a copy of the receipts/bills to**

**Caz1stpresby@windstream.net**

**DATE OF REQUEST**: Click here to enter a date.

**REQUESTED AMOUNT**: $Click here to enter text.

**MAKE CHECK PAYABLE TO**: Click here to enter text.

**MAILING ADDRESS OR OTHER INSTRUCTION**:

Click here to enter text.

**DETAILED DESCRIPTION OF EXPENSE**: Click here to enter text.

**CHECK REQUESTED BY**: Click here to enter text.

**SIGNATURE**: Click here to enter text.

**TO BE COMPLETED BY TREASURER OR FINANCIAL ASSISTANT**

Date of Check: Amount of Check: $ Check #:

Line Item:

**Signature:**