



Lancaster Monthly Meeting of the Religious Society of Friends
110 Tulane Terrace, Lancaster, PA. 17603

or

Treasurer, P.O. Box 7881, Lancaster, PA. 17604

Request for Reimbursement/Payment

Requested by:

Date requested:

Amount requested:

Make the check payable to:

Mail the check to:

Describe this expense in detail. Attach all relevant invoices, bills and/or receipts. Either place in the Finance Committee box in the Meeting library or mail to one of the addresses above. Kindly circle the total amount(s) on the receipt(s).

Committee to be charged for the expense:

Signature of committee convener :

(alternatively the convener may email approval to elizagates.gates@gmail.com)