**DONATION/ REIMBURSEMENT FORM**

**ATTACH RECEIPTS HERE**
**[_____]**

# *CANDIA CONGREGATIONAL CHURCH*

finance@candiacongregational.org
Leave in office or mail receipts and this form to:
Attn: Finance, P.O. Box 62, Candia, NH 03034

| | |
|---|---|
| ***Date Submitted:*** | |
| ***NAME :*** | |
| ☐ Receipts attached<br>***No reimbursements will be made without original receipts.*** | ADDRESS: |
| | City \| State \| Zip Code |
| EMAIL ADDRESS: | |
| PHONE # | |

**Request**

☐ Donation ☐ Please Reimburse

| Date Incurred | | Item Description | | $ Amount | | Building/Event |
|---|---|---|---|---|---|---|
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| | | **Total Amount** | | | | |

FINANCE:

| | | | | |
|---|---|---|---|---|
| DATE RECEIVED | ☐ Donation | ☐ REIMBURSED | | CHECK # |
| PROCESSED | ☐ Receipts filed | Date Approved | | |