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## REQUISITION FOR CHECK/REIMBURSEMENT

Name	Date
DEPARTMENT	
Purpose of Expense	
Please attach statements, invoices, receip	ots, etc.
For Office Use	
Check No.	Signature
Date Paid	
Amount	Pastor
Account No	
	Church of God
Requisitio	ON FOR CHECK/REIMBURSEMENT
Name	
DEPARTMENT	
PURPOSE OF EXPENSE	
Please attach statements, invoices, receip	ata ata
, , ,	715, CtC.
For Office Use	Signature
Check No.	
Date Paid	Pastor
Amount	1 45101
Account No	