REFORMED EPISCOPAL CHURCH – REIMBURSEMENT REQUEST FORM

Please use this form to request reimbursement for expenses incurred in the service of the National Church.
Please include original receipts with your request. Please indicate dates of and reason for your expense.
If request is for multiple meeting expenses please list all committee meetings attended; use multiple sheets if necessary.

For Board of Foreign Mission expenses please send this form to:
The Rev. Jason Grote, The Board of Foreign Missions of the REC, 4142 Dayflower Dr., Katy, TX 77449

For all other requests send this form to:
Bud Longueville, Church of the Holy Communion, 17405 Muirfield Dr., Dallas, TX 75287

Date	**Committee/Reason For Expense** (if mileage**,** indicate mileage, reimbursement is at IRS rate)	**Amount**
	Total:	

Make check payable to: _____

Address: _____ City :_____ ST :_____ Zip :_____

Signature: _____ Date: