RoC Fellowship SDA Reimbursement Form

Fill out the form below completely. All receipts should be attached to the form and emailed to: **rocfellowshipfinance@gmail.com**

Date _____

Budget Category _____

Approver Name _____

Submitted by _____

Submitter Signature _____

Head Elder Signature _____

Send Check to (name) _____

Address _____

City/State/Zip _____

Description of Purchase	Amount
Total	

Treasurer Use Only

Check Number _____ Amount _____ Date _____

Budget Category _____

RoC Fellowship of SDA
12707 SE San Rafael St.
Portland, OR 97230