Central Alabama Emmaus Community

Reimbursement Request

Walk #:	Work Area:
• Please atta	ch receipts to this reimbursement request
 Please sign 	the reimbursement request
• Please send	d to the Board Representative for the specific Work Area
Amount of reimb	oursement: \$
Person to be rein	nbursed:
Address to mail l	Reimbursement:
Signed:	
Date:	
Board Rep	
Signature:	
Board RepPlea	se mail or email reimbursement requests, along with
the receipts, to tl	ne Community Treasurer.

Lynn Moseley 3116 Alumni Lane Opelika, AL 36804

Email: lynnmoseley7748@gmail.com