

**CORNERSTONE COMMUNITY CHURCH**

**Request for Reimbursement**

**Name:** \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Item Purchased: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cost: \_\_\_\_\_

*(Receipt must be attached for reimbursement)*

**Recommended By:** \_\_\_\_\_

Title: \_\_\_\_\_

**Approved By;** \_\_\_\_\_

Title; \_\_\_\_\_

Date Reimbursed: \_\_\_\_\_ Check # \_\_\_\_\_

**CORNERSTONE COMMUNITY CHURCH**

**Verification of Non-Cash Donation**

**Name:** \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Item Purchased: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cost: \_\_\_\_\_

*(Verification of Value must be attached)*

**Recommended By:** \_\_\_\_\_

Title: \_\_\_\_\_

**Approved By;** \_\_\_\_\_

Title; \_\_\_\_\_

Date Reimbursed: \_\_\_\_\_ Check # \_\_\_\_\_