Central Alabama Emmaus Community

Reimbursement Request

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

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