## **Central Alabama Emmaus Community**

## **Reimbursement Request**

Walk #:	Work Area:
<ul> <li>Please atta</li> </ul>	ch receipts to this reimbursement request
• Please sign	the reimbursement request
• Please sen	d to the Board Representative for the specific Work Area
Amount of reim	oursement: \$
Person to be rei	nbursed:
Address to mail	Reimbursement:
Signed:	
Date:	
Board Rep	
Signature:	
-	se email reimbursement requests, along with the
receipts, to the (	ommunity Treasurer.
Donnio Colson	

**Bonnie Coker** 

Phone: (256) 496-3054

Email: Cokerbonnie04@gmail.com