

SALEM QUARTERLY MEETING

RELIGIOUS SOCIETY OF FRIENDS

PO Box 55, Woodstown, NJ 08098
(856) 769-0066
saalemquarter@gmail.com

**REQUEST FOR
REIMBURSEMENT
OR
ADVANCE PAYMENT**

Individual making request

Date

Make check payable to:

Mail to:

Amount Requested

Budget Category: (For example—Program: Child Care, Newsletter: Mailing, or Property: Port Elizabeth)

\$

Description of Purchase

For Use by Treasurer

\$

Date:

Check #:

Amount reimbursed

\$

\$

\$

Amount advanced

Actual amount used

Amount returned

Date

Attach Receipt Here