

Kaleo Church Reimbursement Form

Name: _____

Date of Purchase: _____

Which budgeted account do these charges go to: _____

What were these funds used for: _____

List material purchased: _____

Total of expenditure: _____

Make check payable to: _____

Address: _____ Date: _____

Signature: _____

Please fill out this form and email along with receipts to:
accounting@hewngroup.com