



First Congregational Church of Dudley, UCC
135 Center Road
Dudley, MA 01571

Church Reimbursement Form

Name: _____
Address: _____ DATE: _____
Phone #: _____ email: _____
Church Committee: _____

\$ _____
Acct#/Description: _____
Receipt/Bill attached: () Reimburse () Pay directly to vendor

\$ _____
Acct#/Description: _____
Receipt/Bill attached: () Reimburse () Pay directly to vendor

\$ _____
Acct#/Description: _____
Receipt/Bill attached: () Reimburse () Pay directly to vendor

\$ _____
Acct#/Description: _____
Receipt/Bill attached: () Reimburse () Pay directly to vendor

\$ _____
Acct#/Description: _____
Receipt/Bill attached: () Reimburse () Pay directly to vendor

Check Delivery: _____ mail to my home address above _____ leave in Church Office
.....

Treasurer's Information

Date Received: _____ Check #: _____
Date Paid: _____ Acct. #: _____