

The Huntington Chapel  
Request for Reimbursement

Please fill out form completely, attach receipts, obtain ministry director's signature and submit to Payables Administrator's Mailbox, within two (2) weeks of expenditure, for reimbursement.

Date \_\_\_\_\_

Check payable to:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vendor	Date
Purpose/Use	Acct #
	Amount \$

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Approved by:

Ministry Director	Date
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Office use only:

The Huntington Chapel, 177 Ripton Rd, Shelton, CT 06484 203.929.1222