Park Slope Presbyterian Church

174 Prospect Park West; Brooklyn, NY 11215 Tel: 718.369.7972 Fax 718.369.7974

REIMBURSEMENT REQUEST FORM

Your Name:_____(check payable)
Coordinator: self ☐
Address: already in database ☐ _____zip_____
Telephone:_____email:_____
Event (if applicable):_____

Approval of Leadership Team Coordinator: _____
(Required Signature)

Date	Vendor, or Name	Amount	Description	Dep / ministry
	Total to be reimbursed	$		

Tape or staple original receipts on a separate sheet in the same order.

Mail, or hand-deliver, completed form with receipts to:

Church Administrator
Park Slope Presbyterian Church
174 Prospect Park West
Brooklyn, NY 11215