**Detail of Receipts for Reimbursements or Advance Checks**

(A W-9 form must be completed by every individual who receives as Advance Check from the church)

(Please file this form and the attached receipts with the church’s Paid-Out Vouchers)

**Church:** Armona SDA

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| **Detail of Receipts** | | | |
| **Date** | **Vendor or Item** | **Account or Description of Exp.** | **Amount** |
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| **Total** | | |  |

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| **USE THIS SECTION ONLY FOR REIMBURSEMENTS** | | |
| **Reimbursement Requested by:** |  |  |
| **Reimbursement Approved by:** |  |  |
| **Reimbursement Check #** |  |  |
| **Date:** |  |  |

|  |  |  |  |  |
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| **USE THIS SETION ONLY FOR ADVANCE CHECKS** | | | | |
| **Detail for Funds Advance with Ck #** | | | | |
| Minus: | | **Total Advance Check** | |  |
| **Total Receipts (amount from above)** | |  |
| **Funds Returned or (Amount Overspent\*)** | |  |
| **Ck #** | **For funds overspent (if applicable)** | |
| **This Section Completed by:** | | |  |  |
| **Date:** |  | |  |  |