**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:** |  |  |  |