:			St. John's SDA Chu			·
			Reimbursement Form or Dire	_		
	me			Date		:
						
	ail					-
		sibility relates	d to this request			
			ı (If applicable)			
		10,000,	. (// upp///dab.c/			1
(Fil	l in column to	the left belo	ow if this Effort etc. has an approve	ed budget.)		:
· ·	ettiga et orașitar a rispona dances ag	program of the Philippines are a program of the pro				
Budget Exp. Category if applicable	Inv#	DATE	ITEM/SERVICE	VENDOR	FUND TO BE CHARGED	COST

						······
		***************************************		1-11		
•	1				TOTAL	
					TOTAL	
TOTAL TAX PAID	\$				Total expenses	***************************************
	· ———			· · · · · · · · · · · · · · · · · · ·	Less cash advance	
					Due Purchaser	
					Due Church	
			(When hilled directly to the Chi			
			(When billed directly to the Chu	ircn)	Due Vendor	· · · · · · · · · · · · · · · · · · ·
	Signature				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
-	Approved				<u>.</u>	
			er aparter et en er en		And the second of the second o	
NOTE, EVERT FOR		CHDDI ICC CO	CERVICES THE ARROYS FORMACION	UD 4166 == ::==		
			SERVICES, THE ABOVE FORM SHOU			
			OF THE ST. JOHN'S CHURCH AND	IS BILLED DIRECT	LY TO THE CHURCH BY THE VE	NDOR
IN WHICH CASE NO				11-W 16-11-1		
Invoice should alv	ays include	purchaser's na	ame.			
		٠				