



The Episcopal Church of the Resurrection

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Reimbursement Request or Addition to Contribution Record

- Please reimburse me for this expense.
(Attach receipts and provide a description of the expense.)
- Please add payment for this expense to my contribution record.
(Attach receipts and provide a description of the expense.)

Total Amount: \$ _____

Your Name: _____

Your Address: _____

Date of expenditure: _____

Description: _____

FOR OFFICE USE ONLY

Accounting Offset(s): _____

Description: _____

Approved: _____

Approved: _____