

**The Nations Church  
Purchase / Reimbursement Form**

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Purchase or Reimbursement:** \_\_\_\_\_

**Budget Category:** \_\_\_\_\_

**Amount of Purchase:** \_\_\_\_\_ **Date Purchased:** \_\_\_\_\_

**Item(s) Purchased & (Quantity):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notes:** \_\_\_\_\_

**Signature(s):** \_\_\_\_\_

**Your signature**

**Authorizer's Signature**

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