

South Weber Utah Stake

Reimbursement or Payment Request Form

Check # _____

Date: _____

Payable To: _____

Address: _____

City, State & Zip: _____

Pre Tax Expense: _____

Sales Tax: _____

Total Payment: _____

Expenditure Description: _____

Organization to be Charged: _____

Organization Approval: _____

Stake Presidency Approval: _____

Please attach invoices, receipts or other supporting documents prior to submitting for payment.