

Request for:
**Reimbursement, Payment, or
 Advance of Funds**

Heritage Ward

Alliance Texas Stake

Date: _____

Reimbursement

Event or Purpose: _____

Payment

Advance of Funds

Check made out to: _____

Item Description	Cost

Use other side for additional items

TOTAL \$ _____

Organization or Category:

<u>General</u>	<u>Primary</u>	<u>Young Men</u>	<u>Young Women</u>
<input type="checkbox"/> Activities (Ward)	<input type="checkbox"/> Activities	<input type="checkbox"/> Activities	<input type="checkbox"/> Activities
Administration:	<input type="checkbox"/> Activity Days	<input type="checkbox"/> Awards	<input type="checkbox"/> Gifts
<input type="checkbox"/> Bishopric Supplies	<input type="checkbox"/> Awards & Gifts	<input type="checkbox"/> Campouts	<input type="checkbox"/> Miscellaneous
<input type="checkbox"/> Music	<input type="checkbox"/> Cub Scouts	<input type="checkbox"/> Scout Misc.	<input type="checkbox"/> Personal Progress
<input type="checkbox"/> Curriculum	<input type="checkbox"/> Nursery	<input type="checkbox"/> YM/YW Comb. Act.	<input type="checkbox"/> Supplies
<input type="checkbox"/> Elders Quorum	<input type="checkbox"/> Supplies		<input type="checkbox"/> YW Camp
<input type="checkbox"/> High Priests		<u>Fast Offering</u>	<input type="checkbox"/> YM/YW Comb. Activity
<input type="checkbox"/> Library	<u>Relief Society</u>	<input type="checkbox"/> Housing	
<input type="checkbox"/> Single Adults	<input type="checkbox"/> Activities	<input type="checkbox"/> Medical	<u>Other</u>
<input type="checkbox"/> Sunday School	<input type="checkbox"/> Gifts	<input type="checkbox"/> Utilities	_____
	<input type="checkbox"/> Meetings	<input type="checkbox"/> Food	_____
	<input type="checkbox"/> Supplies	<input type="checkbox"/> Other	

<p>Approval:</p> <p>_____</p> <p><i>(Responsible Organization Leader)</i></p> <p>_____</p> <p><i>(Bishop)</i></p>	<p><i>For Office Use Only</i></p> <p>Check Number: _____</p> <p>Check Date: _____</p> <p>Delivery Method: _____</p>
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