



Reimbursement form

Fill in the form below completely. All receipts should be attached to the form and emailed to cindric.bob@gmail.com.

Date	_____
Budget category	_____
Approved By	_____
Submitted By	_____
Phone Number	_____
Email Address	_____
Send check to (name)	_____
Address	_____
City, State, Zip	_____

Description of purchase	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

Treasurer use only		
Check Number	Amount	Date
Budget category		

CARE VILLAGE OUTREACH, INC.
a 501(c)(3) nonprofit organization
PO Box 729
Saline, MI 48176

