**Reimbursement Form**

**Lexington Kentucky North Stake**

**The Church of Jesus Christ of Latter-day Saints**

**State Tax Exempt No. E3860**

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| **REQUIRED INFORMATION** |
| Date of Reimbursement Request |  |
| Name of Purchaser |  |
| Purchaser's Address, City, State, Zip |  |
| Auxiliary for which purchase was made |  |
| Reason(s) for Purchase |  |
| **DESCRIPTION OF ITEM(S) PURCHASED** | **AMOUNT** | **REQUIRED: ATTACH RECEIPTS** |
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| **TOTAL** |  |  |
| **SIGNATURES** |
| Signature of Purchaser |  |
| Signature of Auxiliary President( *if different from Purchaser* ) |  |
| Signature of Stake President |  |

**Please remit to Stake Clerk's Office or mail to: ATTN FINANCE CLERK, PO BOX 55652, LEXINGTON, KY 40555-5652**

S.R.Form v.4.9.2015