**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