WESTSIDE CHRISTIAN CHURCH

Children's Ministry Reimbursement

Name _____

Address _____

e-mail _____

Consumable?	Age Level	Item	Cost
☐			
☐			
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☐			
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☐			
☐			
☐			
☐			
☐			
☐			
		Total	

Child Care
Youth
JHS
HS

Ministry Leader Signature:

_____

Date: 7-May-06 Reviewer Initials: _____

PLEASE ATTACH ORIGINAL RECEIPTS