

**SOUTHERN DEAF FELLOWSHIP
REIMBURSEMENT REQUEST FORM**

Payable to: _____

Date: _____

Address: _____

SDF Office: _____

OPERATIONS										
Date	Description	Evangelism	Camp Meeting	Lay Leaders Training	SS Expense	Office Supplies	Communication	Multimedia Website Streaming	Equipment	Subtotal
<u>Costs to be reimbursed</u>										

Please indicate the purpose of the expenditures so the appropriate budget can be charged: _____

I hereby certify that the above is a true and correct statement of expenses incurred by me in the service of Southern Deaf Fellowship.

Signature