

**Christ Child Society of Atlanta**  
**Request for Reimbursement Form**

CCS Atlanta PO Box 88705 Atlanta, GA 30356

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Expenses: (Attach receipts)

Description _____	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Outreach Supported (IE: Cooking, Layettees, Garden ,Administrative, etc)

\_\_\_\_\_

For Treasurer's Use:

Date Paid:	
Check #:	
Approved by:	