

Christian Communicators of Tennessee  
Reimbursement Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Total amount to be reimbursed: \$ \_\_\_\_\_

Reimbursement for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Receipt must be attached for reimbursement. Please mail this form along with receipts to:  
Sandy Creasy  
2739 Clover Hill Ridge  
Maryville, TN 37801

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