

**SOUTHERN DEAF FELLOWSHIP  
REIMBURSEMENT REQUEST FORM**

Payable to: \_\_\_\_\_

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

Address: \_\_\_\_\_

SDF Office: \_\_\_\_\_

OPERATIONS										
Date	Description	Evangelism	Campmeeting	Lay Leaders Training	SS Expense	Office Supplies	Communication	Multimedia	Misc	Subtotal
<b><u>Costs to be reimbursed</u></b>										

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