



# VIBRANT TOGETHER

PRESBYTERY OF TROPICAL FLORIDA

## Vibrant Together Reimbursement Request Form

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

Person Submitting Request: \_\_\_\_\_

Submitter's Phone Number: \_\_\_\_\_

Submitter's Email: \_\_\_\_\_

***This form is only to be used for the final request for reimbursement of pre-approved Vibrant Together Grant expenses.***

DATE	DETAILED DESCRIPTION OF BUSINESS PURPOSE	AMOUNT
<b>TOTAL</b>		

**Required Documentation:**

1. Invoices for all purchases claimed.
2. For technology purchases a list of model and serial numbers must be provided.

Signature of Submitter: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

***For Presbytery Office Use Only***

Payee: \_\_\_\_\_ Account: \_\_\_\_\_

Signature of Associate General Presbyter: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature of General Presbyter: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Date reimbursement was completed and sent to the congregation: Date: \_\_\_/\_\_\_/\_\_\_