



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
TOTAL		

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: ___/___/___