(Please Staple Receipts on Reverse Here)

Check #
Date
Clerk Init

Greybull Ward

Worland Wyoming Stake

Auxiliaries Reimbursement Form

Auxiliary Name	
Payee	
Amount to Reimburse	$

Purpose:

_____

_____

_____

_____
Auxiliary President
Signature and Date

_____
Bishopric
Signature and Date

Not Write Below This Line (Leaderhip Only)

Fast Offering
- ☐ Housing/Rent
- ☐ Food
- ☐ Medical
- ☐ Utilities
- ☐ Other _____

Budget
- ☐ Activities
- ☐ Administration
- ☐ High Priest
- ☐ Elders
- ☐ Relief Society
- ☐ Young Men
- ☐ Young Women
- ☐ Primary
- ☐ Sunday School
- ☐ Other _____

Other
- ☐ Young Women's fund raiser
- ☐ Scouts
- ☐ Young Men's fund raiser
- ☐ Family History
- ☐ Food Storage orders
- ☐ Christmas basket fund
- ☐ Other _____

☑

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