**Spiritual Assembly of the Bahá’ís of Philadelphia, PA**

2462 Bryn Mawr Avenue Philadelphia, PA 19131

215-879-8866

**REIMBURSEMENT CHECK REQUEST** Date

**OR IN-KIND RECEIPT REQUEST**

**FORM IS FILLABLE. PLEASE SAVE WITH A DIFFERENT NAME.**

**Value must be ascertainable. This form is not for in-kind contributions where donor determines value.**

Name

Address

Bahá’í I.D. Number (required)

**NOTE: We are TAX EXEMPT.** Sales tax will be reimbursed or credited for purchases totaling $100 or less. Before purchasing items totaling more than $100.00, please consult the Treasurer.

Amount Requested       Date Needed

**Please Check Appropriate Boxes:**

In-kind Contribution  Reimbursement Check

Store Receipt attached **or**   Store Receipt Attached (required)

Independent Appraisal Attached

(one of these two required)

Reason for Contribution or Expenditure:

**Please email completed form to** [**Treasury.phila.bahai@gmail.com**](mailto:Treasury.phila.bahai@gmail.com)**.**

**Committee Use Only:**

Committee Authorizing Expenditure        Budgeted  Not Budgeted

**For Treasurer’s Office Use Only:**

Amount      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check/Receipt #      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check/Receipt date      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor No.      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expense /Asset Acct #      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project

In-kind Income Acct #      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project

Budget Line(s)      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_