

**CAPERNAUM MISSIONARY BAPTIST CHURCH
REIMBURSEMENT REQUEST FORM**



Date: _____

Reimbursement to: _____ in the amount of _____

****Receipts Attached**

**This request meets the approval of the Deacon and Trustee Ministries
(4 Signatures Required)**

Deacon James Williams

Deacon Raymond Garvin

Deacon Robert Chatman

Deacon Herbert Kemp

Deacon Curtis Williams

Deacon Nehemiah Washington

Deacon Bernard Garvin

Deacon Herman Williams

Deacon Phinize Ford

Deacon Amos Brooks

Trustee William James Chisolm