

**Reimbursement Form**  
**Lexington Kentucky North Stake**  
**The Church of Jesus Christ of Latter-day Saints**

**State Tax Exempt No. E3860**

**REQUIRED INFORMATION**

|                                       |  |
|---------------------------------------|--|
| Date of Reimbursement Request         |  |
| Name of Purchaser                     |  |
| Purchaser's Address, City, State, Zip |  |
| Auxiliary for which purchase was made |  |
| Reason(s) for Purchase                |  |

| DESCRIPTION OF ITEM(S) PURCHASED | AMOUNT | REQUIRED:<br>ATTACH<br>RECEIPTS |
|----------------------------------|--------|---------------------------------|
|                                  |        |                                 |
|                                  |        |                                 |
|                                  |        |                                 |
|                                  |        |                                 |
|                                  |        |                                 |
|                                  |        |                                 |
|                                  |        |                                 |
|                                  |        |                                 |
|                                  |        |                                 |
| <b>TOTAL</b>                     |        |                                 |

**SIGNATURES**

|   |  |
|---|--|
| Signature of Purchaser  |  |
| Signature of Auxiliary President<br>( if different from Purchaser ) |  |
| Signature of Stake President  |  |