

## CYA Reimbursement/Advance Requisition Form

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\*Please enclose all receipts with reimbursement amount highlighted.  
 Make a copy for your records.

Pay to: \_\_\_\_\_ Church: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Event: \_\_\_\_\_ Date of event: \_\_\_\_\_

Name of Store/ Person/ Organization from which services received	Description (Brief description of item, purpose or any justification for reimbursement/advance. Itemize multiple items.)	Amount (\$)

**TOTAL \$** \_\_\_\_\_

If you have any questions, please contact Makiko Hirotsu at [ghirotsu@yahoo.com](mailto:ghirotsu@yahoo.com)  
 with subject title: CYA Reimbursement or CYA Advance.

Mail completed form and receipts to: **Makiko Hirotsu**  
**2631 Bayport Dr.**  
**Torrance, CA 90503**

(Office use only)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Check # issued: \_\_\_\_\_ Date: \_\_\_\_\_ Treasurer: \_\_\_\_\_