

TRUE WORSHIP CHRISTIAN FELLOWSHIP

REQUEST FOR REFUND

Purchaser _____

Ministry: _____

<i>Quantity</i>	<i>Description</i>	<i>Cost</i>	<i>Total</i>

Please attach ALL receipts

Make Check Payable to _____

Address _____

City _____ State _____ Zip _____

Submitted By: _____

Signature _____ Date _____

FOR OFFICE USE ONLY

Check Number _____

Hand Delivered _____ Date _____

Mailed _____ Date _____