

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*_____