

# Lynchburg/Central Virginia Walk to Emmaus Reimbursement Check Request

Date \_\_\_\_\_

Requested by: \_\_\_\_\_

Payable to: \_\_\_\_\_

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

Amount requested: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail to:** Lynchburg Central Virginia Emmaus  
Attn: Treasurer  
P.O. Box 11942  
Lynchburg, VA 24506-1942