

ST. HELENA KNIGHTS OF COLUMBUS
COUNCIL #7965

REQUEST FOR REIMBURSEMENT

TO: FINANCIAL SECRETARY DATE: _____

FROM: _____

PAYEE NAME: _____

PAYEE ADDRESS: _____

CITY _____ STATE _____ ZIPCODE _____

BRIEFLY STATE THE NATURE OF THE EXPENDITURE AND WHAT PROJECT/ACTIVITY, IF APPLICABLE, IS INVOLVED:

DESCRIPTION OF EXPENSE	EXPENSE CATEGORY (TO BE ASSIGNED BY THE FS)	AMOUNT

TOTAL AMOUNT OF THE REQUEST FOR REIMBURSEMENT: \$ _____

NOTE TO REQUESTER: ATTACH RECEIPTS TO SUBSTANTIATE YOUR REQUEST. IT IS DESIRABLE THAT SMALL CASH REGISTER RECEIPTS AND THE LIKE, BE AFFIXED TO LETTER SIZE SHEET OF BLANK PAPER PRIOR TO SUBMITTING THIS REQUEST TO THE FINANCIAL SECRETARY. THANK YOU VERY MUCH.

<u>VOUCHER NUMBER:</u> _____	<u>DATE REQUEST APPROVED:</u> _____	<u>CHECK NUMBER:</u> _____
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