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TROUBADOURS OF PEACE REGION
SECULAR FRANCISCAN ORDER

REQUEST FOR REIMBURSEMENT

To: Treasurer

Date: _____

Please reimburse me for the following expenditures:

Type of Expense	Date	Vendor/Description	Amount	Receipt Attached
Print/ Copy	_____ _____	_____ _____	_____ _____	_____ _____
Postage	_____ _____	_____ _____	_____ _____	_____ _____
Office Supplies	_____ _____	_____ _____	_____ _____	_____ _____
Telephone Fax	_____ _____	_____ _____	_____ _____	_____ _____
Spiritual Assistant Stipend	_____ _____	_____ _____	_____ _____	_____ _____
Travel: Air Fare Mileage Motel Food	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Executive Counc./ Min. Mtg.	_____ _____	_____ _____	_____ _____	_____ _____
Misc.	_____	_____	_____	_____
Total Reimbursement Requested			\$ _____	

Please attach all pertinent receipts

For Treasurer's Use Only:
 Check No.: _____
 Date: _____
 Amount \$ _____

Signature
 Print Name: _____
 Address: _____
 Phone: _____