

St. Elizabeth of Hungary Region Secular Franciscan Order Reimbursement Request

A. Please reimburse me for my expenditures thru Date: _____ as follows:

B.	Description & expenditure purpose (Receipts are required for all non-mileage expenditures)	# Miles	Rate*	\$ Amount	Account
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

C. Total requested reimbursement: _____

D. Amount to be donated. Please indicate what donation is for in box to right

E. Total approved reimbursement: _____

If expenditure is over \$200, please sent to Minister for approval, otherwise sent to the Treasurer. Any questions, please contact the Treasurer.

F. Requestor's Signature: _____ Date: _____ H. Minister's Approval: _____ Date: _____

(The reimbursement check will be addressed to the signature request)

(Minister's Approval required for any single expenditure over \$200.00)

Check will be mailed to: _____ (Please Print)

G Requestor _____ I.
 Address: _____
 City: _____ State: _____ Zip: _____

For Treasurer's Record's only
Check No. : _____
Date Paid: _____
Amount Paid: _____

PLEASE ATTACH RECEIPTS FOR ALL ITEMS EXCEPT MILEAGE

* 2019 Mileage Rate: \$0.30