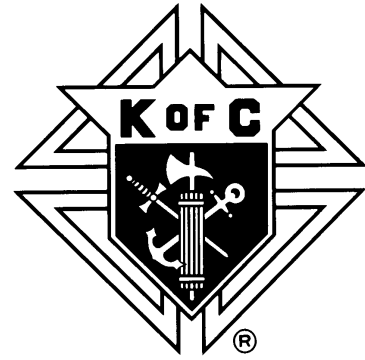


# Request for Reimbursement of Expenses



*Save this form to your desk top and open with Adobe Acrobat Reader / Dc, you can then fill it out with your computer and save it.*

To: <u>Blessed Sacrament Council 5322</u> _____	From: Name: _____ Street & No: _____ City: _____ State: _____ Zip: _____
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Function/Activity:	
Check to be Paid to the order of:	
Expense:	Cost:

(Attached all sales slips/bills. If additional space is needed use back and so note.)

Total: \$
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**Trustee Approval:**

Trustee # 1 \_\_\_\_\_

Trustee # 2 \_\_\_\_\_

Trustee # 3 \_\_\_\_\_

Requester's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Date of Approval \_\_\_\_\_

Check Box if additional information on back of form.