



# Our Lady's Guild REIMBURSEMENT or CHECK REQUEST

Place the completed form and receipts and/or supportive materials in  
**Our Lady's Guild parish mail box** or mail to:

**Our Lady's Guild -Treasurer**  
Our Lady of Joy Catholic Parish, P.O. Box 1359, Carefree, AZ 85377

Date submitted \_\_\_\_\_ Requested by \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

- This is a  request for reimbursement for monies spent - receipt/s attached  
 request for a check for a planned purchase - documentation attached  
 Receipt to be submitted within 7 days of purchase - submitted date \_\_\_\_\_

## EXPENSE DETAILS

*A separate request must be submitted for each budget category. Example: 'General Meeting' and 'Directory' are two separate budget categories and would require separate requests.*

Date needed \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

Please make check payable to \_\_\_\_\_

Mail to: Name \_\_\_\_\_

Address \_\_\_\_\_

Note each individual expense below. Continue on the back if needed.

Vendor	Date	Amount	Description

**Total amount requested** \$ \_\_\_\_\_

Please do not write below-----

Rec'd by Treas. \_\_\_\_\_ Date approved \_\_\_\_\_ by \_\_\_\_\_

**Processing:** Ck request to OLJ (date) \_\_\_\_\_ Budget category \_\_\_\_\_

Treasurer's signature \_\_\_\_\_ Notes \_\_\_\_\_