

St. Elizabeth of Hungary Region Secular Franciscan Order Reimbursement Request

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

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

My Total requested reimbursement:

* 2024 Mileage Rate: \$0.50

Amount of reimbursement to be donated to
St. Elizabeth of Hungary Region:

Total approved reimbursement:

Requestor's Signature: _____ Date: _____

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

Minister's Approval: _____ Date: _____

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

Check will be mailed to:

Requestor: _____

Address: _____

City/State: _____ Zip: _____

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