P lease include a duplicate copy – attach receipts to

**Return form to:**

Rev. Jan 2022

original

Fraternity of the Stigmata of St. Francis

*Order of Secular Franciscans*

**Deacon Tom Shaver**

4796 Southern Court

Acworth, GA 30102

|  |  |  |  |
| --- | --- | --- | --- |
| **EXPENSES FOR REIMBURSEMENT** | | | |
|  | **DESCRIPTION** | **AMOUNT** | **CATEGORY** |
| 1. |  |  |  |
| 2. | Beginning Odometer |  |  |
| 3 | Ending Odometer |  |  |
| 4. | Total Miles driven |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
|  | **TOTAL AMOUNT OF REIMBURSEMENT** | **$** |  |
|  | *Personal Reimbursement* | **$** |  |
|  |  | **$** |  |
| **Categories** | | | |

***Signature*** .\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Position:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_ \_\_\_\_\_\_\_\_\_**

**PERSONAL REIMBURSEMENT**

**NAME FOR TREASURERS USE ONLY ADDRESS CHECK#**

**CITY/STATE/ZIP DATE**

**Signature Fraternity TREASURER**

Ver. 092016 revised Treasurer

**AMOUNT**