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**