



# DIOCESE OF PHOENIX CATHOLIC COMMITTEE ON SCOUTING-- REIMBURSEMENT REQUEST

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Mailing address \_\_\_\_\_

*Please list expenditures including date expense incurred, item, reason for purchase and amount (including tax).*

Date \_\_\_\_\_ Item \_\_\_\_\_ Reason \_\_\_\_\_ \$ \_\_\_\_\_

Date \_\_\_\_\_ Item \_\_\_\_\_ Reason \_\_\_\_\_ \$ \_\_\_\_\_

Date \_\_\_\_\_ Item \_\_\_\_\_ Reason \_\_\_\_\_ \$ \_\_\_\_\_

Date \_\_\_\_\_ Item \_\_\_\_\_ Reason \_\_\_\_\_ \$ \_\_\_\_\_

Date \_\_\_\_\_ Item \_\_\_\_\_ Reason \_\_\_\_\_ \$ \_\_\_\_\_

Date \_\_\_\_\_ Item \_\_\_\_\_ Reason \_\_\_\_\_ \$ \_\_\_\_\_

Date \_\_\_\_\_ Item \_\_\_\_\_ Reason \_\_\_\_\_ \$ \_\_\_\_\_

Date \_\_\_\_\_ Item \_\_\_\_\_ Reason \_\_\_\_\_ \$ \_\_\_\_\_

Date \_\_\_\_\_ Item \_\_\_\_\_ Reason \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL REIMBURSEMENT REQUEST \$ \_\_\_\_\_**

*Please attach receipt copies and submit to Treasurer, Mary Madonia, 1357 W. Obispo Ave, Mesa, AZ 85202*

<b>DISBURSEMENT</b>	(office use only)
Date _____	
Check # _____	Amount \$ _____
Signature _____ <i>(PhxDCCS treasurer or other authorized signer)</i>	
Delivery Method: <i>(circle one)</i> hand            mail            other	
Date _____	

**NOTES:**