



NATIONAL FRATERNITY OF THE SECULAR FRANCISCAN ORDER - USA

EXPENSE REIMBURSEMENT REQUEST

FILLABLE PDF FORM

TO: Claudia Kauzlarich, OFS
National Treasurer
2007 Maverick Trail
Harrisonville, MO 64701-1545
claudiakauz.sfo@gmail.com

Purpose - Check One

Exec. Council ☐
Chapter ☐
Other ☐

Commission Name _____

Committee Name _____

Date(s) _____

Travel Destination _____

Please reimburse me for the following expenditures:

#	EXPENSE DESCRIPTION	AMOUNT	BUDGET CATEGORY TREASURER USE ONLY
1			
2			
3			
4			
5			
6			
7			
8			
Total			

SIGNATURE _____ DATE _____

Check payee if not same as below: _____

Send check to:

Name _____

Address _____

City _____ State _____ Zip _____

Email address: _____ Phone number _____

Note: If you email request and all receipts you do not have to mail hard copies too.

Treasurer Use Only		
Check Number	Amount	Date