# NATIONAL FRATERNITY OF THE SECULAR FRANCISCAN ORDER - USA

## EXPENSE REIMBURSEMENT REQUEST

***FILLABLE PDF FORM***

Reset Form

**TO:** Steve Roszhart OFS
National Treasurer
20487 N 263rd Dr.
Buckeye, AZ 85396
ofsusatreasurer@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** | 0.00 | | |

**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** |
| | | |