



LAY FRATERNITIES OF ST. DOMINIC
PROVINCE OF ST. JOSEPH

PROVINCIAL CHECK REQUEST

Date Submitted: _____ Submitted by: _____

Province Region: # _____ Chapter: # _____ Other: _____

REIMBURSEMENT: List item and attach receipt/verifying document(s). Note: Mileage rate = \$.41/mile

Item	For*	Amount
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
*Indicate General Category such as Bookstore, Travel, Supplies, etc. (Example: Item: Postage- For: Bookstore Operation)		TOTAL \$ _____

Make Check Payable to: Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

INVOICE PAYMENT:

COMPANY: _____ INV # _____ INV. Date _____

REMIT TO: (If different than Invoice) _____

DESCRIPTION OF SERVICE: _____

INVOICE AMOUNT \$ _____

Less: Credits/Adjustments: Explain reverse \$ _____

TOTAL APPROVED FOR PAYMENT \$ _____

Attach all relevant invoices, receipts or other document to form.

This form must be mailed to the current Provincial Council Treasurer. Name and contact information may be found at the LFSD website:

Approved by: _____ Title _____ Check # _____ Date _____ Acct # _____

Form C
Prov: 11/2008
Rev: 12/2017