



LAY FRATERNITIES OF ST. DOMINIC  
PROVINCE OF ST. JOSEPH

CHECK REQUEST

Date Submitted: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Province  Region: # \_\_\_\_\_  Fraternity: # \_\_\_\_\_  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)		<b>TOTAL</b> \$ _____

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: [www.laydominicans.org](http://www.laydominicans.org)

Approved by: \_\_\_\_\_ Title \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Acct # \_\_\_\_\_