

Catholic Journey Reimbursement Request

Name _____

Mailing Address _____

Phone _____

Email _____

**All purchases must be preapproved
by your kitchen chair or rector(a)**

I paid for the following:

	Description	Amount
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____
7.	_____	\$ _____
8.	_____	\$ _____
9.	_____	\$ _____
10.	_____	\$ _____
	Total	\$ _____
	<i>Less Advance (if applicable)</i>	<i>\$ _____</i>
	<i>Less Donation (if applicable)</i>	<i>\$ _____</i>
	Amount requested for Reimbursement	\$ _____

Please attach invoice, cash register tape or other proof of purchase.

Please return the completed form to:
 Catholic Journey Treasurer
 P.O. Box 688
 Helena, MT 59624

OR

Dan Gengler
 403 N. Ewing
 Helena, MT 59601