

CHRIST CHILD SOCIETY OF DAYTON
WHERE LOVE LEADS TO ACTION

EXPENSE REIMBURSEMENT FORM

(All expenses must be documented and approved in advance by a board member or committee chair.)

Please include/attach receipts and send to:

Kathy Zaidain	818 Broadmoor Dr.	Dayton, OH 45419	937-623-4518
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Member Name _____

Member Address _____

Member Telephone Number _____

Item Purchased	For What Purpose (See Below)	Quantity Needed	Price Per	Total

Notes or Remarks:

TOTAL _____

TYPE OF PURPOSE:

- | | | |
|---|---------------------|-----------------------------|
| 1. Meetings | 8. Erma's House | 15. Blankets / Prayer Shawl |
| 2. Administrative | 9. The Glen | 16. Provisional |
| 3. Bunco / Euchre | 10. Grant Writing | 17. Publicity |
| 4. Clothe-A-Child (Support, Vouchers) | 11. Historian | 18. Red Wagon |
| 5. Correspondence (Memorials, Sunshine) | 12. Layettes | 19. Spiritual Prayer & Mass |
| 6. Crafting | 13. Maria Joseph | 20. St. Vincent de Paul |
| 7. DECA | 14. Oak Tree Corner | 21. Other Volunteer Work |

ADMINISTRATIVE PURPOSE ONLY (DO NOT FILL OUT)

Form of Reimbursement

Check No. (If Applicable):	Online Bill Pay (Yes/No):	Date:
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Prepared by: K. Zaidain	9/01/25	www.christchildsocietyofdayton.org/membership/reimbursement form
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