



**FRIENDS OF JOHN PAUL II FOUNDATION
WASHINGTON D.C. CHAPTER.**

REQUEST FOR REIMBURSEMENT

Event / Activity: _____ Event Date _____

Enter each receipt separately, and attach the receipt for each line item. If no receipt (gratuity, donation), attach Authorization for Disbursement form signed by two Officers.

	Date	Description	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

TOTAL _____

Comments: (refer to items by line numbers above):

I certify that the above expenses are for Friends of John Paul II Foundation activities approved by the Board of Directors.

Signature _____

Date _____

Print or type Name: