# 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: