ST. THOMAS MORE REGIONAL FRATERNITY OF THE SECULAR FRANCISCAN ORDER - USA

EXPENSE REIMBURSEMENT REQUEST

PLEASE PRINT LEGIBLY

TO: Bruce Nordstrom, OFS
Regional Treasurer
1600 N Mariposa
Flagstaff, AZ 86004-8757
nordstrombruce64@gmail.com

Please note: Amount over $200 must be approved by Minister, Vice-Minister or Secretary

Approved by:_____ Date:_____

Date(s) _____ Travel Destination _____

Please reimburse me for the following expenditures:

#	EXPENSE DESCRIPTION	AMOUNT
1	.	
2		
3		
4		
5		
6		
	>>>>>>>>>	$ -

SIGNATURE **DATE**

Name of payee if not same as below:

Send check to:

Name

Address

City State

Email address: Phone number

Note: If you email request and all receipts you do not have to mail hard copies too.

Treasurer Use Only	
Check Number	Amount