

St. Edward the Confessor Ladies Council

Check Request

Person Requesting Funds: _____

Phone Number: _____

Purpose/Nature of Funds: _____

Amount to Be Refunded: _____

Date Submitted: _____

If for Class Craft:

The class total before this reimbursement is _____

and the total after this reimbursement is _____

PLEASE TAPE EACH RECEIPT TO THE PAGE FRONT AND BACK. THIS WILL SERVE AS DOCUMENTATION FOR AUDITING.