SECULAR FRANCISCAN ORDER, FIVE FRANCISCAN MARTYRS REGION

Reimbursement Request

Mail request to: Larry Bleau OFS, Treasurer - 1509 Contreras Ln., The Villages, FL 32159 301-661-5597

Or email electronic request (with attachments, if any) as a PDF to: treasurer@ffmr-ofs.org

Please reimburse me for my expenditures thru Date: _____ as follows:

Item	Description & expenditure purpose (Receipts are required for all non-mileage expenditures)	Qty	Rate	Amount
1.	Miles		0.50	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

My Total Expense	
My Donation to the Region	
My Total requested reimbursement	

Current mileage rate: $0.50/mi

Requestor's Signature: _____ **Date:** _____

Printed Name : _____ (Check will be addressed to Requestor unless otherwise specified)

Place the notation "/s/" after your name on the above line to indicate you wish your name as typed to be accepted as your electronic signature.

By signing this agreement electronically, the parties agree that their electronic signatures shall be legally binding, as per applicable law.

Minister's Approval: _____ **Date:** _____

(Minister's Approval required for any single expenditure over $200.00)

Place the notation "/s/" after your name on the above line to indicate you wish your name as typed to be accepted as your electronic signature.

If signed on Minister's behalf, enter by whom and date:

_____

Check will be mailed to:

_____

_____

_____

_____

For Treasuer's Record's only
Check No.:
Date Paid:
Amount Paid:

OR: Remit payment by Zelle to: _____ **Initials** _____

By initialing above I authorize reimbursement to be paid by Zelle to the above address. If there are any fees incurred by the Region I agree to have them deducted from my reimbursement. I also accept responsibility for a misdirected payment should I supply the wrong address.

NOTES