



LEGION OF MARY

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REIMBURSEMENT REQUEST FORM

Please complete the form below using clear CAPITAL LETTERS

Date submitted: _____

Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

Please enter details below for each receipt:

Date	Particular (eg. Name on Receipts)	Invoice/Receipt #	Price \$	Purpose
			Total \$	

Approved by: _____ Paid by Treasurer: _____

Payment Received by: _____ Date: _____

Please ATTACH receipts to this page and submit to Treasurer for payment.