

Holy Family of J.M.J. Roman Catholic Church

Victoria, Texas

Expense Reimbursement

Date: _____

Payable To:

Complete Address:

Phone Number Email

Amount of Check Event:

Description of Expenditure:

Person Requesting Check:

Should this check be mailed when ready? Yes No

If not, what should be done with the check?

AUTHORIZATION

Event Director Signature _____ **Date:** _____

Business Manager Signature _____ **Date:** _____

ALL SUPPORTING DOCUMENTATION MUST BE ATTACHED

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