

NATIONAL FRATERNITY OF THE SECULAR FRANCISCAN ORDER - USA

EXPENSE REIMBURSEMENT REQUEST

TO: Claudia Kauzlarich, OFS
 Treasurer, NAFRA-USA
 2007 Maverick Trail
 Harrisonville, MO 64701-1545
claudiakauz.sfo@gmail.com

Please reimburse me for the following expenditures:

#	DESCRIPTION	AMOUNT	ACCOUNT <i>FOR TREASURER USE ONLY</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
TOTAL REIMBURSEMENT REQUESTED >>>>>>>>		\$ -	

ENCLOSE ALL PERTINENT RECEIPTS

SIGNATURE _____ DATE _____
 (Check will be made out to this name unless otherwise stated).

Send check to:
 NAME _____
 ADDRESS _____
 CITY _____ ST & ZIP _____
 Email address: _____ Phone number _____

<i>FOR TREASURER USE ONLY:</i>
CHECK#: _____
DATE: _____
AMOUNT: _____