



*Ladies of Charity
Archdiocese of Washington*

CHECK REQUEST REIMBURSEMENT FORM

Check requested by: _____ **Date:** _____

Make check payable to: _____
(Please print clearly)

Purpose:

TOTAL AMOUNT OF THIS CHECK: \$ _____

DATE CHECK ISSUED: _____

CHECK NUMBER: _____

Please provide all original receipts, invoices, statements, cancelled checks, etc. related to this request.

Signature of Recipient

Signature of Treasurer