



# Payment - Reimbursement Request



**St. Paschal Baylon Men's Club**  
**155 East Janns Rd. Thousand Oaks, Ca 91360**  
**805-496-0222 - www.spbmensclub.org**

**Please type or print clearly and attach receipts or supporting documentation**

Form submitted by: \_\_\_\_\_

Phone Number / E-mail: \_\_\_\_\_

Vendor Payment

Please Mail

Personal Reimbursement

Will Pick up

Date Submitted: \_\_\_\_\_

Needed by: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Single Payee

Multiple Payees

	Name	Mailing Address	Amount
Payee #1:			
Payee #2:			
Payee #3:			
Payee #4:			
Payee #5:			
	<b>Total</b>		<b>\$ -</b>

Approved By: \_\_\_\_\_

(signature of president, treasurer or pastor)

For Office Use				
	Check #	Processed by:	Date Paid:	Administrator Signature
Payee #1:				
Payee #2:				
Payee #3:				
Payee #4:				
Payee #5:				