



# Payment - Reimbursement Request



## St. Paschal Baylon Men's Club

155 East Janss Rd. Thousand Oaks, CA. 91360, (805) 496-0222

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

**Form Submitted by:** \_\_\_\_\_

*(please print)*

Vendor Payment

Please Mail

Personal Reimbursement

Will Pick up

**Date Submitted:** \_\_\_\_\_ **Needed by:** \_\_\_\_\_

**Purpose of Funds:** \_\_\_\_\_

**Check Payable to:** \_\_\_\_\_ **Check Amount: \$** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Company Contact:** \_\_\_\_\_ **Tel. (\_\_\_\_)** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(signature of president, treasurer, or pastor)

### For Office Use

**Date Paid:** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Processed by:** \_\_\_\_\_

\_\_\_\_\_  
(Administrator Signature)

\_\_\_\_\_  
(Date)