

# Holy Name of Mary Loaves & Fish Reimbursement Voucher

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Incurred  
Expense: \_\_\_\_\_

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

**RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT**

	Description	Amount	Comments
1.			
2.			
3.			
4.			

Forward All Completed Expense Vouchers With Receipts Attached to:  
Mary Roche  
Holy Name of Mary Church  
110 Grand Street  
Croton-on-Hudson, NY 10520

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

Date Approved: \_\_\_\_\_

Date of Check: \_\_\_\_\_