

**PENSACOLA-TALLAHASSEE
DIOCESAN COUNCIL OF CATHOLIC WOMEN
REQUEST FOR REIMBURSEMENT**

Date of Purchase: _____

Merchants(s) Name(s): _____

Description of Purchase: _____

Purchase Amount: \$ _____

Please reimburse the above expense to:

Name: _____

Address: _____

Email: _____

Phone: _____

I, _____, the undersigned do certify that the above purchase was made for official DCCW business.

Signature

Date

Please mail "Request for Reimbursement Form" along with copies of receipts to the current Pensacola-Tallahassee DCCW Treasurer. See current DCCW Roster for the name and address.