

**BLESSED KATERI TEKAKWITHA PARISH  
REQUEST FOR REIMBURSEMENT**

Committee/Event: \_\_\_\_\_

Payable To Name: \_\_\_\_\_

Payable To Address: \_\_\_\_\_

Amount: \_\_\_\_\_

Send Tax Exempt Form With Check:     Yes                       No

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

*Please attached receipts to this page.*