

**Juan de Padilla Region
Secular Franciscan Order - USA**



EXPENSE REPORT & REIMBURSEMENT REQUEST

Issue Check to:

Name: _____

Address: _____

City, State, Zip _____

Purpose (check one)

Fraternity Visitation/Election _____	Formation Gathering _____
Executive Council Gathering _____	Other Event (describe) _____
Chapter Gathering _____	_____

Date _____ Destination _____

Travel

Mileage: _____ X .32 = \$ _____

Meals _____

Lodging _____

Other _____

Other Expenses:

<u>Date</u>	<u>Description</u>	
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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TOTAL \$ _____

For Treasurer's Use:

Date _____

Check Number _____

By _____